Texas Ethics Commission

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(512) 463-5800

1-800-325-8506

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PERSON	AL FINANCIAL STATEMENT	FORM PFS COVER SHEET
For filings requ	n accordance with chapter 572 of the Government Code. Jired in 2006, covering calendar year ending December 31, 2005. MPFS–INSTRUCTION GUIDE when completing this form.	TOTAL NUMBER OF PAGES FILED:
1 NAME 2 ADDRESS	TITLE: FIRST: MI Randi K. NICKNAME: LAST: SUFFIX ADDRESS / PO BOX: APT / SUITE #. CITY: STATE: ZIP CODE 1822 W. 10th St., B. AMSFIN, TX 78703	OFFICE USE ONLY Date Received RECEIVED APR 0 1 2008 Texas Ethics Commission Receipt #
³ TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 477-0994	Date Processed
4 REASON FOR FILING STATEMENT	CANDIDATE Austin C:ty Council ELECTED OFFICER APPOINTED OFFICER EXECUTIVE HEAD FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR OTHER	P/LLCY INDICATEOFFICE) INDICATEOFFICE) INDICATEOFFICE) INDICATE AGENCY) INDICATE AGENCY) INDICATE AGENCY) INDICATE AGENCY) INDICATE PARTY) (INDICATE POSITION)
	I whose financial activity you are reporting (filer must report information about the n if the filer had actual control over that activity):	financial activity of the filer's spouse or
	CHILD 1 2 3	
In Parts 1 through required to disclos over that person's	18, you will disclose your financial activity during the preceding calendar e not only your own financial activity, but also that of your spouse or a dep financial activity. COPY AND ATTACH ADDITIONAL PAGES AS N	endent child if you had actual control

	PATIONAL INCOME PART 1A	1
hen reporting information about oviding the number under which t	a dependent child's activity, indicate the child about whom you are reporting b he child is listed on the Cover Sheet.	у
NFORMATION RELATES TO		
MPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
	Home maker	
	NATURE OF OCCUPATION	
NFORMATION RELATES TO		
MPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
EMPLOYED BY ANOTHER		
an an the second se		
	NATURE OF OCCUPATION	
NFORMATION RELATES TO		
MPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
	,	
EMPLOYED BY ANOTHER		
	NATURE OF OCCUPATION	
	ND ATTACH ADDITIONAL PAGES AS NECESSARY	-

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-850
RETAINERS				PART 1B
NOTAPPLICABLE				
your spouse, or a dependent chi services on a matter specified a	ld have a "substani t the time of contraing the calendar year	by you, your spouse, or a depende tial interest") for a claim on future s cting for or receiving the fee. Rep ar did not equal or exceed the value	ervices in case of need ort information here or	d, rather than for nly if the value of
When reporting information at providing the number under whi	out a dependent ch the child is liste	child's activity, indicate the child on the Cover Sheet.	d about whom you a	re reporting by
1 FEE RECEIVED FROM		NAME AND ADDR	ESS	
PEE RECEIVED BY		NAME OF BUSI	NESS	
FEE RECEIVED BT	Filer OR File	R'S BUSINESS		
		E USE'S BUSINESS		
		DENT CHILD D'S BUSINESS		
³ FEE AMOUNT		IAN \$5,000 □ \$5,000\$9,999 □	\$10,000-\$24,999	25,000OR MORE
FEE RECEIVED FROM		NAME AND ADDR	ESS	
·				
		NAME OF BUSI	NESS	

	LESS THAN \$5,000 S5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
	DEPENDENT CHILD OR CHILD'S BUSINESS
	OR SPOUSE'S BUSINESS
	I FILER OR FILER'S BUSINESS
FEE RECEIVED BY	

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Texas Ethics Commiss	ion P.O.B	ox 12070 Austin	, Texas 78711-207	70 (512) 463-5	5800 1-800-325-8506
STOCK					PART 2
	ABLE				
and indicate the cat	egory of the numb nount of the net	er of shares held or ac	quired. If some or	all of the stock was	ring the calendar year sold, also indicate the on, see FORM PFS
When reporting information about a dependent child's activity, indicate the child about whom you are reporting I providing the number under which the child is listed on the Cover Sheet.					
¹ BUSINESS ENTIT	Y		Ϋ́ ΝΑ	AME	
² STOCK HELD OR	ACQUIRED BY				LD
³ NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	🗍 500 ТО 999	1,000 TO 4,999
		🔲 5,000 TO 9,999	🗍 10,000 OR MOR	E	
4 IF SOLD		LESS THAN \$5,000	\$ 5,000\$9,999	\$10,000\$24,999	S25,000-OR MORE
BUSINESS ENTIT	Y	· · · · · · · · · · · · · · · · · · ·	NA	ME.	
STOCK HELD OR	ACQUIRED BY				-D
NUMBER OF SHA	RES	LESS THAN 100	🗌 100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
-		🔲 5,000 ТО 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	S25,000-OR MORE
BUSINESS ENTIT	Y ·		NA	ME	
STOCK HELD OR	ACQUIRED BY				_D
NUMBER OF SHA	RES	LESS THAN 100	🗌 100 TO 499	🗌 500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTIT	Y		NA	ME.	
STOCK HELD OR	ACQUIRED BY				_D
NUMBER OF SHA	RES	LESS THAN 100	🗌 100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
		🗍 5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	S25,000-OR MORE
BUSINESS ENTIT	Y		NA	ME	
STOCK HELD OR	ACQUIRED BY				_D
NUMBER OF SHA	RES	LESS THAN 100	🗌 100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
		☐ 5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000-OR MORE
	COP	AND ATTACH ADDITIO	NAL PAGES AS NEO	CESSARY	

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

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MUTUAL FUNDS				PART 4		
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, 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	Errofa	cific Grow	me th FJ			
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Filer			LD		
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4 ,999		
	🗍 5,000 ТО 9,999	🗌 10,000 OR MOR	E			
IF SOLD IF SOLD IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	☐ \$5,000\$9,999	☐ \$10,000\$24,999	\$25,000OR MORE		
MUTUAL FUND	(growthe	Fund A	ME			
	0.000,4	runc pp				
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY				.D		
HELD OR ACQUIRED BY NUMBER OF SHARES				D		
HELD OR ACQUIRED BY						
HELD OR ACQUIRED BY NUMBER OF SHARES	LESS THAN 100	SPOUSE 100 TO 499		☐ 1,000 TO 4,999		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD	LESS THAN 100 5,000 TO 9,999	□ 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		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS	LESS THAN 100 5,000 TO 9,999	□ SPOUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000\$9,999	☐ DEPENDENT CHIL 500 TO 999 E ☐ \$10,000\$24,999 ME	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES	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 /: ↓ IR	DEPENDENT CHIL 500 TO 999 E \$10,000-\$24,999 ME A Find	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 F-ce	SPOUSE 100 TO 499 10,000 OR MOR \$5,000\$9,999 NA		□ 1,000 TO 4,999 □ \$25,000OR MORE		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES		□ SPOUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000\$9,999 NA / ↓		□ 1,000 TO 4,999 □ \$25,000OR MORE _D [1]_1,900 TO 4,999		

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5					
NOTAPPLICABLE					
List each source of income you, your spouse, or a dependent child received <i>in excess of \$500</i> that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM 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	NAME AND ADDRESS Bank of America Serings				
interest					
² RECEIVED BY	Filer			HILD	
³ AMOUNT	\$500\$4,999	☐ \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
SOURCE OF INCOME		NAMEAN	ADDRESS		
RECEIVED BY				HILD	
AMOUNT	\$500\$4,999	\$5,000\$9,999	\$10,000-\$24,999	S25,000OR MORE	
SOURCE OF INCOME		NAME AND	DADDRESS		
RECEIVED BY				:HILD	
AMOUNT	\$500\$4,999	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE	
COPY A	ND ATTACH ADDIT	IONAL PAGES AS	NECESSARY		

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

NOTAPPLICABLE

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

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
² LIABILITY OF			
³ GUARANTOR			
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	S10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF			DEPENDENT CHILD
GUARANTOR			
	\$1,000\$4,999	\$5,000 \$9,999	S10,000-\$24,999 S25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF		SPOUSE	
GUARANTOR			
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
COPY A		ONAL PAGES AS	NECESSARY

INTERESTS IN REAL PROPERTY PART 7						
NOTAPPLICABLE	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 PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by						
	he child is listed on the Cover Sheet.					
¹ HELD OR ACQUIRED BY		ENT CHILD				
STREET ADDRESS	1822 W. 10t= St., Austa, TX 7870	B				
³ DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WAR	IERE LOCATED				
A NAMES OF PERSONS RETAINING AN INTEREST						
5 IF SOLD INET GAIN INET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$2	4,999 🗌 \$25,000OR MORE				
HELD OR ACQUIRED BY		ENT CHILD				
	STREET ADDRESS, INCLUDING CITY, COUNTY, ANI	DSTATE				
	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY W	IERE LOCATED				
NAMES OF PERSONS RETAINING AN INTEREST						
IF SOLD	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24	4,999 🔲 \$25,000OR MORE				
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSAR	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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P.O. Box 12070

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INTERESTS IN BUSINESS ENTITIES PART 7B						
NOTAPPLICABLE						
Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM 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 HELD OR ACQUIRED BY				LD		
² DESCRIPTION		NAMEAN	DADDRESS			
	LESS THAN	\$5,000 🗌 \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE		
HELD OR ACQUIRED BY				LD		
DESCRIPTION		NAME AN	DADDRESS			
IF SOLD	LESS THAN	\$5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 [☐ \$25,000OR MORE		
HELD OR ACQUIRED BY				LD		
		NAMEAN	DADDRESS			
DESCRIPTION						
IF SOLD	LESS THAN	\$5,000	☐ \$10,000 - \$24,999	_ \$25,000-OR MORE		
COPY A	ND ATTACH A	DDITIONAL PAGES AS	NECESSARY			

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GIFTS				PART
NOTAPPLICABLE				
Identify any person or organization describe the gift. Do not include: under chapter 305 of the Govern person related to the recipient wit -INSTRUCTION GUIDE. When reporting information abo	1) expenditures red nment Code; 2) po hin the second deg out a dependent o	quired to be reported by a po- litical contributions reporte pree by consanguinity or affin child's activity, indicate the	erson required to be registe d as required by law; or 3) nity. For more information, a	red as a lobby gifts given by see FORM PF
providing the number under whic	n the child is listed	<u>.</u>	DADDRESS	
DONOR	18			
Kayla Shell		ZZ W. 10th SA Hustin, TAN 72	8703	
² RECIPIENT				
³ DESCRIPTION OF GIFT	#	11,000 cash		
DONOR		NAMEAN	DADDRESS	
RECIPIENT				
DESCRIPTION OF GIFT				
		NAME AN	DADDRESS	
DONOR				
RECIPIENT				
DESCRIPTION OF GIFT				
СОРУ	AND ATTACH A	ADDITIONAL PAGES AS	NECESSARI	

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TRUSTINCOME				part 9
		,		
Identify each source of income re category of the amount of incom <i>than \$500</i> in income, if the identi When reporting information ab providing the number under whic	e received. Also identify ea ty of the asset is known. Fo out a dependent child's a	ach asset of the trus or more information, activity, indicate the	t from which the beneficiary reco , see FORM PFSINSTRUCTIC	eived <i>more</i>)N GUIDE.
¹ SOURCE		NAME C	DF TRUST	
² BENEFICIARY	FILER			
³ INCOME	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000 \$24 ,999	OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME C	DF TRUST	
BENEFICIARY				
INCOME	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000	OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME C	F TRUST	
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				
COPY	AND ATTACH ADDITIC	JNAL PAGES AS	NECESSART	

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BLINDTRUSTS	· · ·	ez antigation		part 10A		
Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFS-INSTRUCTION GUIDE.						
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
¹ NAME OF TRUST						
² TRUSTEE		NAME A	ND ADDRESS			
³ BENEFICIARY						
⁴ FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000-\$9,999	☐ \$10,000-\$24,999 ☐ \$2	25,000OR MORE		
⁵ DATE CREATED						
NAME OF TRUST						
TRUSTEE		NAME A	ND ADDRESS			
BENEFICIARY						
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$ 2	25,000OR MORE		
DATE CREATED						
NAME OF TRUST						
TRUSTEE		NAME A	ND ADDRESS	_		
BENEFICIARY						
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$	25,000OR MORE		
DATE CREATED						
СОРҮ	AND ATTACH ADDIT	ONAL PAGES A	S NECESSARY			

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TRUSTEE STATE	IMENT			PART 10B
NOTAPPLICABLE				
	stee of each blind trust li	ust on Part 10A of the Personal I isted on Part 10A. The portions of		
1 NAME OF TRUST				
² TRUSTEE NAME				
FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME		
4 TRUSTEE STATEMENT	trust except information	of perjury, that I have not revealed an on that may be disclosed under sect best of my knowledge, the trust o	ion 572.023 (b)(8) of	the Government
		Trustee S	lignature	
§ 572.023. Contents of Fin	encial Statement in C			· · · · ·
•		elleral		
(b) The account of financial	-	on of the amount of all income rea		of a truct other
than a blind trust that	t complies with Subsecti	ory of the amount of all income rec on (c), and identification of each tru eficiary in excess of \$500;		
(14) identification of	f each blind trust that co	mplies with Subsection (c), includ	ing:	
(A) the cate	gory of the fair market v	alue of the trust;		
(B) the date	the trust was created;			
(C) the nam	e and address of the tru	istee; and		
(D) a statem	nent signed by the trusto	ee, under penalty of perjury, stating	g that:	
	ustee has not revealed a Subdivision (8); and	ny information to the individual, exc	ept information that m	ay be disclosed
(ii) to th	e best of the trustee's k	nowledge, the trust complies with	this section.	
(c) For purposes of Subsect	ions (b)(8) and (14), a b	lind trust is a trust as to which:		
(1) the trustee:				,e*
(A) is a disir	nterested party;			
(B) is not the				
•••	• •	obbyist under Chapter 305;		
	public officer or public e		• .	
(E) was not a supervises;		e by the individual or by a public offi	cer or public employe	e the individual
	complete discretion to r ulting or notifying the inc	nanage the trust, including the po lividual.	wer to dispose of ar	nd acquire trust
	s most recent financial st	ile the individual is subject to this su atement, disclosing the date of revo ived from each asset.		

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

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

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

¹ BUSINESS ASSOCIATION	NAME AND ADDRESS				
² BUSINESS TYPE					
³ HELD, ACQUIRED, OR SOLD BY				Child	
⁴ ASSETS		DESCRIPTION	LESS THAN \$5,000	GORY	
			□ \$10,000-\$24,999 □ LESS THAN \$5,000	□ \$25,000-OR MORE □ \$5,000-\$9,999	
			\$10,000\$24,999	\$25,000-OR MORE	
			LESS THAN \$5,000	55,000\$9,999	
			LESS THAN \$5,000	☐ \$5,000 - \$9,999	
	•		☐ \$10,000\$24,999 	\$25,000-OR MORE	
			LESS THAN \$5,000	□ \$5,000-\$9,999 □ \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	□ \$5,000-\$9,999	
			☐ \$10,000-\$24,999 	\$25,000-OR MORE	
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000-OR MORE	
C	OPY AND ATTA	CH ADDITIONAL PAGES	AS NECESSARY		

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LIABIL/ITIES OF	BUSINESS A	SSOCIATIONS		PART 11B	
Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, <i>see</i> FORM PFS–INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.					
¹ BUSINESS ASSOCIATION		NAME AN	DADDRESS		
² BUSINESS TYPE					
³ HELD, ACQUIRED, OR SOLD BY				CHILD	
⁴ LIABILITIES	DES	SCRIPTION	CATE	GORY \$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	<pre>\$5,000\$9,999 \$25,000OR MORE</pre>	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	<pre>\$5,000\$9,999 \$25,000OR MORE</pre>	
			LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE	
	COPY AND ATTACH	ADDITIONAL PAGES	S AS NECESSARY		

BOARDS AND EXECUTIVE POSITIONS

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 partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, *see* FORM PFS–INSTRUCTION GUIDE.

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

	· · ·			
¹ ORGANIZATION			· · · · · · · · · · · · · · · · · · ·	
² POSITION HELD				
³ POSITION HELD BY				
ORGANIZATION				
POSITION HELD				
POSITION HELD BY				
ORGANIZATION			•	
POSITION HELD				
POSITION HELD BY				
ORGANIZATION			·	
POSITION HELD				
POSITION HELD BY				
ORGANIZATION				
POSITION HELD				
POSITION HELD BY				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

NOTAPPLICABLE

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

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

1-8	300-3	25-8	506

INTEREST IN BUSINE	ESS IN COMM	ION WITH LO	DBBYIST PART 14				
NOTAPPLICABLE	NOTAPPLICABLE						
Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFSINSTRUCTION GUIDE.							
¹ BUSINESS ENTITY		NAME AN	ND ADDRESS				
² INTEREST HELD BY							
BUSINESS ENTITY		NAME AF	ND ADDRESS				
INTEREST HELD BY							
BUSINESS ENTITY	NAME AND ADDRESS						
		•					
INTEREST HELD BY							
BUSINESS ENTITY		NAME AN	ID ADDRESS				
INTEREST HELD BY							
BUSINESS ENTITY		NAME AN	ID ADDRESS				
INTEREST HELD BY							
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

Texas Ethics Commission

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PART 15

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

NOTAPPLICABLE

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

¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
² FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				· · ·
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	☐ \$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				· · ·
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	L \$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				

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

Revised 12/02/2005

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

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

¹ STATE AGENCY			· · ·	
² PERSON REPRESENTED				м
³ FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	S25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999	S25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	S25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission

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PART 17

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

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

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

Austin,	Texas	7871	1-2070

LEGISLATIVE CONT	INUANCES	5		PAR	т 18	3
NOTAPPLICABLE						
Identify any legislative continua and Remedies Code, or under grounds that an attorney for a p	another law or rul	e that requires or per	mits a court to g			
¹ NAME OF PARTY REPRESENTED						
² DATE RETAINED						
³ STYLE, CAUSE NUMBER, COURT & JURISDICTION						
4 DATE OF CONTINUANCE APPLICATION						
⁵ WAS CONTINUANCE GRANTED?	🗌 YES		·			
NAME OF PARTY REPRESENTED						
DATE RETAINED						
STYLE, CAUSE NUMBER, COURT, & JURISDICTION						
DATE OF CONTINUANCE APPLICATION						
WAS CONTINUANCE GRANTED?	TYES					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

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PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

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

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

SUSAN C. HARRY Notary Public, State of Texas My Commission Expires May 11, 2011	
Sworn to and subscribed before me, by the said <u>Randi Shade</u> , this the <u>31^{\pm}</u> day of <u>March</u> , 20 <u>08</u> , to certify which, witness my hand and seal of office.	
Signature of officer administering cath Print name of officer administering cath Title of officer administering cath	

(512) 463-5800

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and the second of the second

PERSON	AL FINANCIAL STATEMENT		FORM PFS COVER SHEET
For filings requ	n accordance with chapter 572 of the Government Code. uired in 2009, covering calendar year ending December 31, 2008. IM PFSINSTRUCTION GUIDE when completing this form.	TOTAL NUMBER C	F PAGES FILED:
¹ NAME	TITLE: FIRST; MI Randi K NICKNAME; LAST; SUFFIX Shade	OFF Date Received	CEUSE 30 PM
2 ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE (822 W. 10th St. B Dustin TX 18703		CLERK E/TIME 1 4 20
	Austin TX 18703	Receipt #	
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
³ TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION	Date Processed	
	15121 477-0994	Date Imaged	
REASON FOR FILING STATEMENT	Derected OFFICER Austin C.ty Comment		(INDICATE OFFICE)
			(INDICATE AGENCY)
			•
	G FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT		
			(INDICATE POSITION)
	nose financial activity you are reporting (filer must report information about the filer had actual control over that activity):	financial activit	y of the filer's spouse or
SPOUSE			
DEPENDENT CH	HLD 1		
	2		
	3		
			······
	8, you will disclose your financial activity during the preceding calendar y not only your own financial activity, but also that of your spouse or a depenancial activity.		
	COPY AND ATTACH ADDITIONAL PAGES AS NE	ECESSAR	Y

Texas	Ethics	Commission	1

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SOURCES OF OCCU	PATIONAL INCOME PART 1A
	a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
¹ INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD
² EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
E EMPLOYED BY ANOTHER	City of Austin Austin City Council Menber
SELF-EMPLOYED	Elicted Official NATURE OF OCCUPATION
INFORMATION RELATES TO	
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
EMPLOYED BY ANOTHER	
	NATURE OF OCCUPATION
INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
EMPLOYED BY ANOTHER	
	NATURE OF OCCUPATION
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission P.	O. Box 12070	Austir	i, Texas 78711-207	0 (512) 463	-5800 1-800-325-8506	
RETAINERS					PART 1B	
This section concerns fees receive your spouse, or a dependent child services on a matter specified at the the work actually performed during see FORM PFSINSTRUCTION C When reporting information abo providing the number under which	have a "substanti he time of contrac the calendar yea GUIDE. ut a dependent	al interes ting for or r did not e child's ac	t") for a claim on fut receiving the fee. equal or exceed the ctivity, indicate the	ure services in case Report information value of the retainer	of need, rather than for here only if the value of r. For more information,	
1 FEE RECEIVED FROM			NAME AN	ADDRESS		
2			NAME C	FBUSINESS		
FEE RECEIVED BY		'S BUSINE	ss			
		SE'S BUSI	NESS			
			SS			
³ FEE AMOUNT		N \$5,000	5,000\$9,99	\$10,000\$24,999	\$25,000OR MORE	
FEE RECEIVED FROM	· · ·		NAME AND	ADDRESS		
FEE RECEIVED BY			NAME O	BUSINESS		
	G FILER	S BUSINE	SS			
		SE'S BUSII	NESS		·	
	DEPENDE OR CHILD		SS			
FEE AMOUNT	LESS THA	N \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

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Texas Ethics Commission P.O. B		ox 12070 Austin	n, Texas 787 <u>11-207</u>	70 (512) 463-	5800 1-800-325-8506
стоск					PART 2
	ABLE				
and indicate the cate	egory of the numb nount of the net	per of shares held or ac	equired. If some or	all of the stock was	iring the calendar year sold, also indicate the on, <i>see</i> FORM PFS
When reporting information about a dependent child'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 ENTIT	Y	,	N	AME	
² STOCK HELD OR	ACQUIRED BY		SPOUSE		LD
³ NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	☐ 500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOF	(E	
4 IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTIT	Y			AME	
STOCK HELD OR	ACQUIRED BY				LD
NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	🗍 500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTIT	Y		N	ME	· · · · · · · · · · · · · · · · · · ·
STOCK HELD OR	ACQUIRED BY		SPOUSE		_D
NUMBER OF SHA	RES	LESS THAN 100	🔲 100 TO 499	🗌 500 TO 999	1,000 TO 4,999
		5,000 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
BUSINESS ENTIT	Y		NA	ME	
STOCK HELD OR	ACQUIRED BY				D
NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		🗍 5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTITY	Y		NA	ME	
STOCK HELD OR	ACQUIRED BY				.D
NUMBER OF SHAI	RES	LESS THAN 100	100 TO 499	🗍 500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

BONDS, NOTES & OTHER COMMERCIAL PAPER 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, <i>see</i> FORM PFSINSTRUCTION GUIDE.						
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.					
1 DESCRIPTION OF INSTRUMENT						
² HELD OR ACQUIRED BY						
³ IF SOLD	☐ LESS THAN \$5,000					
DESCRIPTION OF INSTRUMENT						
HELD OR ACQUIRED BY						
IF SOLD	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE					
DESCRIPTION OF INSTRUMENT						
HELD OR ACQUIRED BY						
IF SOLD	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

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Texas Ethics Commission

Texas Ethics Commiss	SION P.O. B	ox 12070 Austir	i, Texas 78711-203	70 (512) 463-	5800 1-800-325-8506	
MUTUAL FL	JNDS				PART 4	
	ABLE	. •				
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, <i>see</i> FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
1 MUTUAL FUND			NA	ME		
		Russel	11	RA		
² SHARES OF MUTU HELD OR ACQUIRE		Filer	SPOUSE		_D	
3 NUMBER OF SHAR OF MUTUAL FUND		LESS THAN 100	100 TO 499	☐ 500 TO 999	1,000 TO 4,999	
		₽ 5,000 то 9,999	10,000 OR MOF	E		
4 IF SOLD	NET GAIN	LESS THAN \$5,000	5 ,000\$9,999	\$10,000\$24,999	. \$25,000OR MORE	
MUTUAL FUND			NÁ	ME		
		Auxirica.	n Cent	wry		
SHARES OF MUTU HELD OR ACQUIRE		Ayxerica. Briler	n Cen-		.D	
HELD OR ACQUIRE	ED BY	. /			.D	
HELD OR ACQUIRE	ED BY	Filer				
HELD OR ACQUIRE	ED BY	FILER	☐ SPOUSE			
HELD OR ACQUIRE NUMBER OF SHAR OF MUTUAL FUND		☐ 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 NAI	J ☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999	☐ 1,000 TO 4,999	
HELD OR ACQUIRE NUMBER OF SHAR OF MUTUAL FUND IF SOLD	ED BY	☐ 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	J ☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE	
HELD OR ACQUIRE NUMBER OF SHAR OF MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF MUTUA HELD OR ACQUIRE NUMBER OF SHAR	ED BY	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 NAI	DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE	
HELD OR ACQUIRE NUMBER OF SHAR OF MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF MUTU/ HELD OR ACQUIRE	ED BY	 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ P { M ☑ FILER 	□ SPOUSE 100 TO 499 10,000 OR MOR \$5,000\$9,999 NAI	DEPENDENT CHIL DEPENDENT CHIL 500 TO 999 E \$10,000\$24,999 ME DEPENDENT CHIL 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE D	
HELD OR ACQUIRE NUMBER OF SHAR OF MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF MUTUA HELD OR ACQUIRE NUMBER OF SHAR	ED BY	 FILER 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 NAI CO SPOUSE 100 TO 499	DEPENDENT CHIL 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	

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INCOME FROM INTE	REST, DIVID	ENDS, ROYAI	LTIES & RENT	TS PART 5
List each source of income you, y interest, dividends, royalties, and re more information, <i>see</i> FORM PFS- When reporting information abou providing the number under which	ents during the calend INSTRUCTION GUID It a dependent child!	ar year and indicate the E. s activity, indicate the	e category of the amour	nt of the income. For
¹ SOURCE OF INCOME		NAME ANI	DADDRESS	
interest	B.,	ic of Am	urica Sau	;> , \
² RECEIVED BY	Filer			LD
³ AMOUNT	\$\$500\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999 [\$25,000OR MORE
SOURCE OF INCOME		NAME AN(ADDRESS	
RECEIVED BY				LD
AMOUNT	\$500\$4,999	☐ \$5,000\$9,999 	[] \$10,000\$24,999 [] \$25,000OR MORE
SOURCE OF INCOME			ADDRESS	
RECEIVED BY				LD
AMOUNT	\$500\$4,999	\$5,000\$9,999	\$10,000\$24,999] \$25,000OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS PART 6				
Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, <i>see</i> FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.				
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
² LIABILITY OF		SPOUSE		
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		SPOUSE		
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	S10,000\$24,999 \$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF		SPOUSE		
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission

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INTERESTS IN REAL PROPERTY

PART **7A**

à

NOTAPPLICABLE

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

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

¹ HELD OR ACQUIRED BY	Filer	SPOUSE	
STREETADDRESS STREETADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	18	STREET ADDRESS, INCLUDIN 22 W.10 JUSS2, TX	NG CITY, COUNTY, AND STATE DTS St.13 78703
³ DESCRIPTION LOTS ACRES		NUMBER OF LOTS OF ACRES AND Residence	NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)			
⁵ IF SOLD NET GAIN NET LOSS	LESS THAN \$	5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY			
STREETADDRESS		STREET ADDRESS, INCLUDIN	G CITY, COUNTY, AND STATE
NOTAVAILABLE			
		NUMBER OF LOTS OR ACRES AND N	VAME OF COUNTY WHERE LOCATED
NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS		NUMBER OF LOTS OR ACRES AND N	
 NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE 			

Texas Ethics Commission P.O	. Box 12070	Austin, Texas 78711-20	70 (512) 463-	5800 1-800	-325-8506
INTERESTS IN BUSH	NESS ENT	ITIES		PAF	ат 7 В
			. may, 1	-	
Describe all beneficial interests in the calendar year. If the interest was so For an explanation of "beneficial in INSTRUCTION GUIDE. When reporting information about providing the number under which the second	ld, also indicate the transformed of the transformation of transformation	he category of the amount er specific directions for o hild's activity, indicate the	of the net gain or loss completing this secti	realized from t on, <i>see</i> FORM	he sale. 1 PFS
HELD OR ACQUIRED BY				HILD	
² DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)				
³ IF SOLD		I \$5,000 □ \$5,000\$9,999	☐ \$10,000\$24, 999	☐ \$25,000OF	MORE
HELD OR ACQUIRED BY				HILD	
DESCRIPTION			DADDRESS Ier's Home Address)		
IF SOLD		\$5,000 🗌 \$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OF	MORE
HELD OR ACQUIRED BY				HILD	
DESCRIPTION) ADDRESS er's Home Address)		
IF SOLD	LESS THAN	\$5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999	🗍 \$25,000OR	MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

PART 8

GIFTS

NOTAPPLICABLE

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

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

DONOR	NAME AND ADDRESS			
Kuyla Shell	1822 W. 1045 St. Avstin, TX 78703			
		Austin	17 18103	
² RECIPIENT	FileR	SPOUSE		
3	<u> </u>			
DESCRIPTION OF GIFT	J.	((,000		
DONOR	NAME AND ADDRESS			
RECIPIENT				
DESCRIPTION OF GIFT				
		NAME AI	ND ADDRESS	
DONOR				
RECIPIENT			DEPENDENT CHILD	
DESCRIPTION OF GIFT				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-20	070 (512) 463-5800	1-800-325-8506	
TRUSTINCOME				PART 9	
Identify each source of income category of the amount of inco <i>than \$500</i> in income, if the ide When reporting information providing the number under w	ome received. Also identity of the asset is known about a dependent c	ntify each asset of the tru own. For more information hild's activity, indicate th	ist from which the benefician n, <i>see</i> FORM PFSINSTRU	received <i>more</i> CTION GUIDE.	
¹ SOURCE		NAME OF TRUST			
² BENEFICIARY					
³ INCOME	LESS THAP	N \$5,000 🔲 \$5,000\$9,999	9 🔲 \$10,000\$24,999 🗌 \$2	25,000OR MORE	
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVE	D				
SOURCE		NAME	OF TRUST		
BENEFICIARY					
INCOME		1 \$5,000 🗍 \$5,000\$9,999	\$10,000\$24,999	5,000OR MORE	
ASSETS FROM WHICH OVER \$500 WAS RECEIVE	D				
SOURCE		NAME	OF TRUST		
BENEFICIARY	Filer			· .	
INCOME		\$5,000 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$29	5,000OR MORE	
ASSETS FROM WHICH OVER \$500 WAS RECEIVED	ċ				
COF	Y AND ATTACH A	DDITIONAL PAGES AS	S NECESSARY		

exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-20	70 (512) 463-5800	1-800-325-85
BLIND TRUSTS				PART 10A
Identify each blind trust that c GUIDE.	omplies with section 572.0	D23(c) of the Governme	nt Code. See FORM PFS	INSTRUCTION
When reporting information providing the number under w			e child about whom you	are reporting by
¹ NAME OF TRUST				
² TRUSTEE		NAME AN	D ADDRESS	
³ BENEFICIARY	FILER			
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	D ADDRESS	
BENEFICIARY	FILER			
FAIR MARKET VALUE	LESS THAN \$5,	000 🗌 \$5,000\$9,999	\$10,000\$24,999 \$	325,000OR MORE
DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME AN	DADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,0	000 🗌 \$5,000\$9,999	\$10,000\$24,999	25,000OR MORE

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
TRUSTEE STATE	EMENT			PART 10B
NOTAPPLICABLE				
	stee of each blind trust l	ust on Part 10A of the Personal isted on Part 10A. The portions of		
1 NAME OF TRUST				
² TRUSTEE NAME	-			
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME		
4 TRUSTEE STATEMENT	trust except information	of perjury, that I have not revealed a on that may be disclosed under sec best of my knowledge, the trust	tion 572.023 (b)(8) of	the Government
		Trustee S	Signature	
			· · · · ·	
§ 572.023. Contents of Fina		eneral		
(b) The account of financial a	•			
than a blind trust that	complies with Subsecti	ory of the amount of all income rec on (c), and identification of each tro eficiary in excess of \$500;	ceived as beneficiary ust asset, if known to	of a trust, other the beneficiary,
(14) identification of	each blind trust that co	mplies with Subsection (c), includ	ing:	
(A) the categ	jory of the fair market v	alue of the trust;		
(B) the date	the trust was created;			
	e and address of the tru	•		
(D) a statem	ent signed by the truste	ee, under penalty of perjury, stating	g that:	
	stee has not revealed ar ubdivision (8); and	ny information to the individual, exc	ept information that m	ay be disclosed
(ii) to the	e best of the trustee's ki	nowledge, the trust complies with	this section.	
(c) For purposes of Subsection	ons (b)(8) and (14), a bl	ind trust is a trust as to which:		
(1) the trustee:				
(A) is a disin	terested party;			
(B) is not the	individual;			
	-	bbyist under Chapter 305;		
	ublic officer or public er	• •		
(E) was not a supervises; a		by the individual or by a public offic	cer or public employe	e the individual
	omplete discretion to m Iting or notifying the ind	anage the trust, including the po- ividual.	wer to dispose of an	d acquire trust
	most recent financial sta	e the individual is subject to this su tement, disclosing the date of revo- red from each asset.		

PART 11A

ASSETS OF BUSINESS ASSOCIATIONS

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

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

¹ BUSINESS ASSOCIATION		NAME AND ADDRESS			
² BUSINESS TYPE					
³ HELD, ACQUIRED, OR SOLD BY				Child	
⁴ ASSETS	DESC	CRIPTION	CATEC	GORY	
			LESS THAN \$5,000	S3,000\$9,999	
			·····		
			LESS THAN \$5,000	☐ \$5,000\$ 9,999 —	
		 • • • • • • • • • • • • • •	\$10,000\$24,999 · · · · · · · · · · · · · · · · ·	S25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999	
			\$10,000\$24,999	\$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999	
		 	\$10,000\$24,999	\$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	S25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999	
			\$10,000\$24,999	\$25,000OR MORE	
C	OPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY		

Texas Ethics Commissior	1
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(512) 463-5800

LIABILITIES OF BUSINESS ASSOCIATIONS PART 11B Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS (Check If Filer's Home Address) BUSINESS ASSOCIATION ² BUSINESS TYPE ³ HELD, ACQUIRED, FILER SPOUSE DEPENDENT CHILD -OR SOLD BY DESCRIPTION CATEGORY LIABILITIES LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 🔲 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 🗍 \$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 55,000--\$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

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BOARDS AND E	EXECUTIVE P	OSITIONS	PART 12
NOTAPPLICABLE			
your spouse, or a depende ships, professional corpora	ent child hold in corpor ations, professional ass	ations, firms, partnerships, ociations, joint ventures, ot	re a member and all executive positions you, limited partnerships, limited liability partner- her business associations, or proprietorships, ion, <i>see</i> FORM PFSINSTRUCTION GUIDE.
When reporting information providing the number under the number number under the number under the number under the number under the number			he child about whom you are reporting by
¹ ORGANIZATION			
² POSITION HELD			
³ POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
C	OPY AND ATTACH	ADDITIONAL PAGES A	AS NECESSARY

1-800-325-8506

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

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

¹ PROVIDER		NAME AND ADDRESS
² AMOUNT		
PROVIDER		NAME AND ADDRESS
AMOUNT .		
PROVIDER		NAME AND ADDRESS
l .		
AMOUNT		
PROVIDER		NAME AND ADDRESS
AMOUNT		
	COPY AI	ND ATTACH ADDITIONAL PAGES AS NECESSARY

(512) 463-5800

1-800-325-8506

INTEREST IN BUSINI	ESS IN COM	MON WITH LO	DBBYIST PART 14
NOTAPPLICABLE			
sional association, joint venture, or	other business asso person registered as	ociation, other than a p a lobbyist under chapte	artnership, professional corporation, profes- publicly-held corporation, in which you, your r 305 of the Government Code that both have
¹ BUSINESS ENTITY		NAME AN	ND ADDRESS
² INTEREST HELD BY			
BUSINESS ENTITY		NAME AM	ND ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY		NAME AN	ID ADDRESS
INTEREST HELD BY	Filer		
BUSINESS ENTITY		NAME AN	ID ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY		NAME AN	D ADDRESS
	1		
INTEREST HELD BY			
COPY A	ND ATTACH ADD	ITIONAL PAGES AS	NECESSARY

Texas Ethics Commission P.0	D. Box 12070	Austin	, Texas 78711-207	70 (512) 463-	5800 1-800-325-8506
FEES RECEIVED FO			14 ·	`	PART 15
Report any fee you received for pro chapter 305 of the Government Coo sates or reimburses a person requi services were provided, and indic INSTRUCTION GUIDE.	le, or for providing red to be registere	services d as a lol	to or on behalf of a bbyist. Report the	person you actually name of each perso	know directly compen- n or entity for which the
¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
² FEE CATEGORY	LESS THA	N \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THA	N \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAI	N \$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	N \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED		<u> </u>			
FEE CATEGORY		1 \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY		1 \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY	AND ATTACH A	DDITIO	NAL PAGES AS	NECESSARY	

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Austin, Texas 78711-2070

PART 16

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

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

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

¹ STATE AGENCY	
² PERSON REPRESENTED	
³ FEE CATEGORY	LESS THAN \$5,000 S5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
STATE AGENCY	s
PERSON REPRESENTED	
FEE CATEGORY	LESS THAN \$5,000 S5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY AN	D ATTACH ADDITIONAL PAGES AS NECESSARY

1-800-325-8506 Texas Ethics Commission P.O. Box 12070 (512) 463-5800 Austin, Texas 78711-2070 BENEFITS DERIVED FROM FUNCTIONS HONORING PART 17 PUBLIC SERVANT NOTAPPLICABLE Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS--INSTRUCTION GUIDE. NAME AND ADDRESS SOURCE OF BENEFIT 2 BENEFIT NAME AND ADDRESS SOURCE OF BENEFIT BENEFIT NAME AND ADDRESS SOURCE OF BENEFIT BENEFIT NAME AND ADDRESS SOURCE OF BENEFIT BENEFIT COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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LEGISLATIVE CONT	INUANCES		PART 18
and Remedies Code, or under	another law or rul	applied for or obtained under section e that requires or permits a court to or member-elect of the legislature.	
¹ NAME OF PARTY REPRESENTED			
² DATE RETAINED			
³ STYLE, CAUSE NUMBER, COURT & JURISDICTION			
4 DATE OF CONTINUANCE APPLICATION			
⁵ WAS CONTINUANCE GRANTED?	🗌 YES		
NAME OF PARTY REPRESENTED			
DATE RETAINED		· · · · · · · · · · · · · · · · · · ·	
STYLE, CAUSE NUMBER, COURT, & JURISDICTION			
DATE OF CONTINUANCE APPLICATION			
WAS CONTINUANCE GRANTED?	2 YES		
COPY	AND ATTACH A	DDITIONAL PAGES AS NECES	SARY

1-800-325-8506

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2008, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

Administr



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Randi Shade 30 , this the dav of , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

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PERSON	AL FINANCIAL STATEMENT	C	FORM PFS
For filings requ	n accordance with chapter 572 of the Government Code. uired in 2010, covering calendar year ending December 31, 2009.	TOTAL NUMBER OF P	AGES FILED:
	RM PFSINSTRUCTION GUIDE when completing this form.		AUS OS
1 NAME		OFFICI Date Received	
	NICKNAME; LAST; SUFFIX		00
	Shade		PUTE O
2 ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE (822 W. 104 St., B Austin. The 78703		OLERK E/TIME A 5 52
	Austin. TX 78703	Receipt #	
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
³ TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed	
NUMBER	(512) 477-0994	Date Imaged	
4 REASON FOR FILING STATEMENT	CANDIDATE		(INDICATE OFFICE)
			(INDICATE AGENCY)
			(INDICATE AGENCY)
			(INDICATE PARTY)
			(INDICATE POSITION)
	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):	financial activity o	f the filer's spouse or
SPOUSE			
DEPENDENT C	HILD 1		
	2		
	3		
required to disclose over that person's fir	8, you will disclose your financial activity during the preceding calendar y not only your own financial activity, but also that of your spouse or a depenancial activity.	ndent child if you	hrough 14, you are J had actual control

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(512) 463-5800

SOURCES OF OCCU	PATIONAL	INCOME	PART	r 1A
When reporting information about providing the number under which			child about whom you are reporting b	у
¹ INFORMATION RELATES TO	Filer		DEPENDENT CHILD	
² EMPLOYMENT			DF EMPLOYER / POSITION HELD lier's Home Address)	
EMPLOYED BYANOTHER		City of A Council	Askin Member Official	
SELF-EMPLOYED			DF OCCUBATION	• • • •
INFORMATION RELATES TO				
EMPLOYMENT			F EMPLOYER / POSITION HELD let's Home Address)	
EMPLOYED BY ANOTHER				
	· · · · · · · · · · · · · · ·		DF OCCUPATION	••••
INFORMATION RELATES TO	FileR			
EMPLOYMENT			FEMPLOYER / POSITION HELD er's Home Address)	
EMPLOYED BY ANOTHER				
	· · · · · · · · · · · ·		F OCCUPATION	· • • • •
COPY A	ND ATTACH AL	DITIONAL PAGES A	S NECESSARY	

RETAINERS	PART 1B
your spouse, or a dependent c services on a matter specified the work actually performed du see FORM PFSINSTRUCTIO When reporting information ab	eived as a retainer by you, your spouse, or a dependent child (or by a business in which yo hild have a "substantial interest") for a claim on future services in case of need, rather than f at the time of contracting for or receiving the fedReport information here only if the valueof ring the calendar year did not equal or exceed the value of the ainter . For more information, N GUIDE. Nout a dependent child's activity , indicate the child about whom you are reporting by nich the child is listed on the Cover Sheet.
¹ FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS
	OR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	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
	OR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	OR CHILD'S BUSINESS
FEE AMOUNT	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY	AND ATTACH ADDITIONAL PAGES AS NECESSARY
	Revised 10/01/2009

Austin, Texas 78711-2070

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Texas Ethics Commission

P.O. Box 12070

STOCK _	-				PART
	PLICABLE				
and indicate the category of the a INSTRUCTION G When reporting i	category of the amount of the n UIDE nformation abo	number of shares l et gain or loss real ut a dependent chil	e, or a dependent child h neld or acquired.If some ized from the sale. d's activity , indicate th on the Cover Sheet.	or all of the stock wa For more information	as sold, also indicate on, see FORM PFS
¹ BUSINESS EN				NAME	
² STOCK HELD (BY D FILER			
³ NUMBER OF S		LESS THAN	100 100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD				9 🔲 \$10,000\$24,999	\$25,000OR MOF
BUSINESS ENT	TITY			NAME	
STOCK HELD C	R ACQUIRED			DEPENDENT CH	ILD
NUMBER OF S	HARES	LESS THAN		500 TO 999	1,000 TO 4,999
IF SOLD		LESS THAN	\$5,000 🔲 \$5,000\$9,99	9 🔲 \$10,000\$24,999	\$25,000OR MOR
BUSINESS ENT	TITY			NAME	
STOCK HELD C	RACQUIRED		SPOUSE		ILD
NUMBER OF SI	HARES	LESS THAN		500 TO 999	1,000 TO 4,999
IF SOLD	NET GAIN		\$5,000 🗍 \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MOR
BUSINESS ENT	TITY			NAME	
STOCK HELD C	RACQUIRED			DEPENDENT CHI	LD
NUMBER OF SI	HARES	LESS THAN		500 TO 999 RE	1,000 TO 4,999
IF SOLD	NET GAIN	LESS THAN	\$5,000 🖾 \$5,000\$9,999	\$10,000\$24,999	S25,000OR MOR
BUSINESS ENT	ITY		1	NAME	
STOCK HELD O	RACQUIRED		SPOUSE		LD
NUMBER OF SH	HARES	LESS THAN		500 TO 999 RE	1,000 TO 4,999
		······	1		

. • **BONDS, NOTES & OTHER COMMERCIAL**

Austin, Texas 78711-2070

For more

PAPER	 PART	3

NOT APPLICABLE List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about providing the number under which			child about whom you are reporting by
1 DESCRIPTION OF INSTRUMENT			
² HELD OR ACQUIRED BY	Filer		
IF SOLD	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY			
IF SOLD	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	_		
HELD OR ACQUIRED BY			
IF SOLD	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000-OR MORE
COPY A	ND ATTACH ADDITIC	ONAL PAGES AS	NECESSARY
·			Revised 10/01/2009

Texas Ethics Commission	P.O. Box 12070	Austir	n, Texas 78711-20	70 (512) 463	-5800 1-800-3	25-8506
MUTUAL FUNDS					PAF	RT 4
					-	
List each mutual fund and the acquired during the calendar some or all of the shares of a from the sale. For more inform	year and indicate mutual fund were	the categor sold, also in	y of the number o dicate the catego	f shares of mutual fur y of the amount of the	unds held or acqu	uiredtf
When reporting information a providing the number under v				child about whom y	ou are reporting	by
1 MUTUAL FUND	<u> </u>		N	AME		
		Ru	ssell			
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Filer				LD	
3 NUMBER OF SHARES OF MUTUAL FUND		THAN 100	100 TO 499	🔲 500 ТО 999	1,000 TO 4,99	9
	5,000	TO 9,999	10,000 OR MOF	RE		
4 IF SOLD		THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OR M	IORE
MUTUAL FUND			N	ME		
		1.	<u>^</u>	1		
	e	mina	ion Cent	Vry		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Filer	fmeric	spouse		LD	
HELD OR ACQUIRED BY		(mer c	SPOUSE		LD 1,000 TO 4,99	9
HELD OR ACQUIRED BY				500 TO 999		9
HELD OR ACQUIRED BY	LESS T		100 TO 499	500 TO 999	1,000 TO 4,99	
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD	LESS T	O 9,999 HAN \$5,000	10,000 OR MOR	500 TO 999	1,000 TO 4,99	
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD	LESS T	O 9,999 HAN \$5,000	10,000 OR MOR 10,000 OR MOR \$5,000\$9,999	500 TO 999 E \$10,000\$24,999	☐ 1,000 TO 4,999	
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GA NET LC MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES	LESS T 5,000 T NIN DSS	TO 9,999 THAN \$5,000	□ 10,000 OR MOR □ 10,000 OR MOR □ \$5,000\$9,999 NA	☐ 500 TO 999 EE ☐ \$10,000\$24,999 ME	☐ 1,000 TO 4,999	IORE
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GA NET LC MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	LESS T 5,000 T NIN DSS LESS T	TO 9,999 THAN \$5,000	□ 10,000 OR MOR □ 10,000 OR MOR □ \$5,000\$9,999 NA MCD □ SPOUSE	 ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME ☐ DEPENDENT CHIL ✓ 500 TO 999 	☐ 1,000 TO 4,999	IORE
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GA NET LC MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES	ILESS T SS ILESS T LESS T LESS T LESS T S,000 T LESS T LESS T LESS T	TO 9,999 THAN \$5,000	100 TO 499 10,000 OR MOR \$5,000\$9,999 \$5,000\$9,999 NA M C ∂ SPOUSE 100 TO 499	 ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME ☐ DEPENDENT CHIL ↓ 500 TO 999 E 	□ 1,000 TO 4,999	

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INCOME FROM INTE	EREST, DIVID	ENDS, ROYALTIES & RENTS PART 5
	rents during the calend	endent child received <i>in excess of \$500</i> that was derived from dar year and indicate the category of the amount of the incomEor DE.
When reporting information about providing the number under which		activity , indicate the child about whom you are reporting by the Cover Sheet.
1 SOURCE OF INCOME		NAME AND ADDRESS
Calevest		Bank of America
² RECEIVED BY	FILER	
³ AMOUNT	\$500\$4,999	\$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND ADDRESS
RECEIVED BY		
AMOUNT	\$500\$4,999	\$5,000\$9,999 \$10,000-\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND ADDRESS
RECEIVED BY		
AMOUNT	\$500\$4,999	S5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY A	ND ATTACH ADDI	TIONAL PAGES AS NECESSARY

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2	070 (512) 463-	5800 1-800-325-850
PERSONAL NOT	ES AND LEA	SEAGREEMEN	TS	PART 6
NOT APPLICABLE				
Identify each guarantor of a dependent child had a tota agreement at any time during tion, <i>see</i> FORM PFSINSTRI	I financial liability <i>of</i> g the calendar year a	more than \$1,000 in the	form of a personal no	te or notes or lease
When reporting information a providing the number under n			e child about whom y	ou are reporting by
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	J			
² LIABILITY OF	FILER			CHILD
³ GUARANTOR			····	- · · · · · · · · · · · · · · · · · · ·
4 AMOUNT	\$1,000\$4	4,999 \$5,000\$9,999	9 \$10,000\$24,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	1			et.
	FILER			HILD
GUARANTOR				
AMOUNT	\$1,000\$4	1,999 \$ 5,000-\$9,999	\$10,000\$24,999	\$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	Filer	SPOUSE		HILD
GUARANTOR				
AMOUNT	\$1,000\$4	,999 \$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
COF	PY AND ATTACH A	ADDITIONAL PAGES A	S NECESSARY	

(512) 463-5800

1-800-325-8506

INTERESTS IN REAL PROPERTY

PART **7A**

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

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

¹ HELD OR ACQUIRED BY	Filer		
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	1822 Aust	STREET ADDRESS, INCLUD W. 1075 S.	DING CITY, COUNTY, AND STATE
³ DESCRIPTION LOTS ACRES	• • •		D NAME OF COUNTY WHERE LOCATED
ANAMES OF PERSONS RETAINING AN INTEREST			
⁵ IF SOLD NET GAIN NET LOSS	LESS THAN \$5	5,000 🔲 \$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
HELD OR ACQUIRED BY			
STREET ADDRESS		STREET ADDRESS, INCLUD	ING CITY, COUNTY, AND STATE
			NAME OF COUNTY WHERE LOCATED
STREET ADDRESS			
STREET ADDRESS			
STREET ADDRESS		NUMBER OF LOTS OR ACRES AND	

Texas Ethics Commission P.O	. Box 12070	Austin, Texas 78711	2070 (512) 463-	5800 1-800-325-8506
	NESS ENT	ITIES		PART 7B
Describe all beneficial interests in calendar year. If the interest was s For an explanation of "beneficial ir INSTRUCTION GUIDE. When reporting information about	old, also indicate nterest" and othe	e the category of the am er specific directions for	ount of the net gain or lo completing this section	ss realized from thesa , see FORM PFS
providing the number under which			······································	
¹ HELD OR ACQUIRED BY				HILD
² DESCRIPTION			E AND ADDRESS If Filer's Home Address)	
³ IF SOLD NET GAIN NET LOSS	LESS THA	N \$5,000 🔲 \$5,000\$9,9	99 🔲 \$10,000\$24,999	S25,000OR MORE
HELD OR ACQUIRED BY				HILD
DESCRIPTION			AND ADDRESS f Filer's Home Address)	
IF SOLD	LESS THAI	N \$5,000 🔲 \$5,000\$9,9	99 🔲 \$10,000\$24,999	S25,000OR MORE
HELD OR ACQUIRED BY	Filer			ILD
DESCRIPTION		_	AND ADDRESS Filer's Home Address)	· · · · · · · · · · · · · · · · · · ·
IF SOLD	LESS THAN	N \$5,000 []] \$5,000-\$9,99	9 🔲 \$10,000\$24,999	\$25,000OR MORE
СОРҮ А	ND ATTACH A	DDITIONAL PAGES	AS NECESSARY	

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2	(512) 463-5800	1-800-325-8506
GIFTS				PART 8
NOT APPLICABLE				
describe the gift. Do not inclunder chapter 305 of the Geperson related to the recipie -INSTRUCTION GUIDE.	ude: 1) expenditures r overnment Code; 2) p nt within the second d	equired to be reported by olitical contributions repor egree by consanguinity or	to you, your spouse, or a dep a person required to be regis ted as required by law; or 3) fafiity. For more information,	stered as a lobby gifts given by a see FORM PFS-
When reporting information providing the number under			e child about whom you are	reporting by
¹ DONOR		Kayla Shell 1822 W. 104 Auston 7	and address	
		Auston 7	FX 78703	
² RECIPIENT	FILER			
3 DESCRIPTION OF GIFT		\$ 11,000		
DONOR		NAME /	AND ADDRESS	
RECIPIENT	Filer			
DESCRIPTION OF GIFT				
DONOR		NAME A	ND ADDRESS	
DONOR				
				,
RECIPIENT	FILER			
DESCRIPTION OF GIFT				
		ADDITIONAL PAGES A	S NECESSARY	

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P.O. Box 12070	Austin, Texas 78711-20	070 (512) 463-	5800 1-800-325-8
			PART
come received Also id lentity of the asset is k about a dependent ch	entify each asset of the tr nownFor more informatio ild's activity ,indicate the	ust from which the be n, see FORM PFSIN	neficiary receive thor ISTRUCTION GUID
	NAME	E OF TRUST	
Filer			CHILD
	N \$5,000 🔲 \$5,000\$9,999	9 🔲 \$10,000\$24,999	\$25,000OR MOR
ED			· · · · · · · · · · · · · · · · · · ·
	NAME	OFTRUST	
FILER			CHILD
LESS THA	N \$5,000 🔲 \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORI
ED			
	NAME	OF TRUST	
			HILD
	1 \$5,000 🔲 \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
	· · · · · · · · · · · · · · · · · · ·		
	ne received by you, yo come received.Also id lentity of the asset is k about a dependent chi which the child is lister ED ED ED ED FILER LESS THA ED FILER	ne received by you, your spouse, or a depender come received.Also identify each asset of the tr lentity of the asset is knownFor more informatio about a dependent child's activity , indicate the which the child is listed on the Cover Sheet.	ne received by you, your spouse, or a dependent child as beneficiary come received Also identify each asset of the trust from which the be lentity of the asset is knownFor more information, see FORM PFSIN about a dependent child's activity, indicate the child about whom yo which the child is listed on the Cover Sheet. NAME OF TRUST

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800 1-800-325	5-85(
BLIND TRUSTS			PART 1	DA
NOT APPLICABLE				
GUIDE.			CodeSee FORM PFSINSTRUCTI	
When reporting information providing the number under			d about whom you are reporting by	У.
¹ NAME OF TRUST				
² TRUSTEE		NAME AND ADD	RESS	
³ BENEFICIARY	Filer		DEPENDENT CHILD	
⁴ FAIR MARKET VALUE	LESS THAN \$	5,000 \$\$5,000-\$9,999	\$10,000-\$24,999 S25,000-OR MOR	RE
⁵ DATE CREATED				
NAME OF TRUST			· ·	, ,
TRUSTEE		NAME AND ADD	RESS	
BENEFICIARY			DEPENDENT CHILD	
FAIR MARKET VALUE	LESS THAN \$	5,000 \$5,000\$9,999 \$	510,000\$24,999 🔲 \$25,000OR MOF	RE
DATE CREATED				
NAME OF TRUST		<u></u>		
TRUSTEE		NAME AND ADDR	RESS	
			DEPENDENT CHILD	
BENEFICIARY				
FAIR MARKET VALUE			10,000\$24,999 🔲 \$25,000OR MOR	۶E

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lexas Ethics Commission	P.O. Box 12070	Austin, lexas 78/11-20/0	(512) 463-5800	1-800-325-8506
TRUSTEE STATE	EMENT			PART 10B
	stee of each blind trus	ust on Part 10A of the Person t listed on Part 10AThe portion		
1 NAME OF TRUST				
2 TRUSTEE NAME				
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	-	NAME		
4 TRUSTEE STATEMENT	trust except information	of perjury that I have not revea on that may be disclosed under t best of my knowledge, the trust	section 572.023 (b)(8) of the	he Government
		Trust	ee Signature	
§ 572.023. Contents of Fina	ancial Statement in G	eneral		
(b) The account of financial	activity consists of:			
than a blind trust tha	t complies with Subsec	gory of the amount of all incor tion (ç)and identification of ea neficiary in excess of \$500;		
	-	omplies with Subsection (c), in	ncluding:	
(<i>)</i>	gory of the fair market		Ū	
	the trust was created;			
	e and address of the tr	ustee: and		
		ee, under penalty of perjury st	ating that:	
(i) the tru		any information to the individua	•	may be disclosed
(ii) to the	e best of the trustee's k	nowledge, the trust complies	with this section.	
(c) For purposes of Subsecti	ons (b)(8) and (14), a t	plind trust is a trust as to which	h:	
(1) the trustee:				
(A) is a disin	terested party;			}
(B) is not the				
(C) is not red	quired to register as a l	obbyist undeChapter 305;		
(D) is not a p	public officer or public e	employee; and		
	appointed to public offic	e by the individual or by a pub	lic officer or public emplo	oyee the individua
	omplete discretion to m Iting or notifying the in	anage the trust, including the dividual.	power to dispose of and	d acquire trust
	most recent financial s	hile the individual is subject to tatement, disclosing the date o rived from each asset.		
		· · · · ·		

(512) 463-5800

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1-800-325-8506

ASSETS OF BU	ISINESS ASSO	DCIATIONS	PART 11A	
corporation, professional	association, joint vento or sold 50 percent or r	ure, or other business a more of the outstanding	ership, limited liability partnership, professional ssociation in which you, your spouse, or a depe ownership and indicate the category of the amo JIDE	
When reporting information providing the number und			e the child about whom you are reporting by	
¹ BUSINESS ASSOCIATION	NAME AND ADDRESS Check If Filer's Home Address)			
² BUSINESS TYPE				
³ HELD, ACQUIRED, OR SOLD BY				
⁴ ASSETS	DES	CRIPTION	CATEGORY	
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000-\$24,999 \$25,000OR MORE	
			LESS THAN \$5,000 \$5,000\$9,999	
			LESS THAN \$5,000 \$5,000\$9,999	
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE	
			LESS THAN \$5,000 \$5,000\$9,999	
	· · · · · · · · · · · · · · · · · · ·		LESS THAN \$5,000 \$5,000\$9,999	
			LESS THAN \$5,000 \$5,000\$9,999	

(512) 463-5800

LIABILITIES OF	BUSINESS ASSOCIATIONS	PART 11B
corporation, professional dent child held, acquired,	ach corporation, firm, partnership, limited partne association, joint venture, or other business ass or sold 50 percent or more of the outstanding ov formation see FORM PFSINSTRUCTION GUI	sociation in which you, your spouse, or a depen wnership and indicate the category of the amou
	on about a dependent child's activity , indicate er which the child is listed on the Cover Sheet.	the child about whom you are reporting by
¹ BUSINESS ASSOCIATION	NAME AND Check If Filer	ADDRESS 's Home Address)
² BUSINESS TYPE		
³ HELD, ACQUIRED, OR SOLD BY		
⁴ LIABILITIES	DESCRIPTION	CATEGORY
·		LESS THAN \$5,000 \$5,000\$9,999
		LESS THAN \$5,000 \$5,000
		LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
	· · · · · · · · · · · · · · · · · · ·	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000\$24,999 \$25,000-OR MORE
	 	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
		LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
		LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE

your spouse, or a depend ships, professional corpor	ent child hold in corpor ations, professional as	rations, firms, partnerships sociations, joint ventures, (a are a member and an executive positions you , limited partnerships, limited liability partner- other business associations, or proprietorships, tion, see FORM PFSINSTRUCTION GUIDE.		
When reporting informatic providing the number und			he child about whom you are reporting by		
¹ ORGANIZATION					
² POSITION HELD					
³ POSITION HELD BY					
ORGANIZATION					
POSITION HELD			,		
POSITION HELD BY					
ORGANIZATION					
POSITION HELD					
POSITION HELD BY					
ORGANIZATION					
POSITION HELD					
POSITION HELD BY					
ORGANIZATION		<u></u>			
POSITION HELD					
POSITION HELD BY					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

BOARDS AND EXECUTIVE POSITIONS

NOT APPLICABLE

Texas Ethics Commission

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list all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you

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PART 12

Austin, Texas 78711-2070

1-800-325-8506

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

Texas Ethics Commissior	1
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INTEREST IN BUSIN	ESS IN COM	IMON WITH L	OBBYIST PART 14	
NOT APPLICABLE				
sional association, joint venture, or	other business ass person registered a	ociation, other than a s a lobbyist under cha	y partnership, professional corporation, pfes- publicly-held corporation, in which you, your pter 305 of the Govemment Code that both ha	
¹ BUSINESS ENTITY		NAME	AND ADDRESS	
² INTEREST HELD BY	Filer			
BUSINESS ENTITY	NAME AND ADDRESS			
INTEREST HELD BY	Filer			
BUSINESS ENTITY		NAME /	AND ADDRESS	
INTEREST HELD BY				
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREST HELD BY				
BUSINESS ENTITY	NAME AND ADDRESS			
INTEREST HELD BY	Filer			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission P.C). Box 12070	Austir	n, Texas 7	8711-207	70 (512) 463	-5800	1-800-325-8506
FEES RECEIVED FO TO A LØBBYIST OR							part 15
Report any fee you received for pro- chapter 305 of the Government Cod sates or reimburses a person requi services were provided, and indica INSTRUCTION GUIDE.	e, or for providing red to be register	services ed as a	s to or on b lobbyistRe	ehalf of a port the	a person you actually name of each perso	know dir on or enti	ectly compen- ty for which the
¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
² FEE CATEGORY		N \$5,000	\$5,00	0\$9,999	\$10,000\$24,999	\$25,0	000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY		N \$5,000	\$5,00)\$9,999	\$10,000-\$24,999	\$25,0	000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY	LESS THAT	N \$5,000	\$5,000)\$9,999	\$10,000-\$24,999	\$25,0	000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY	LESS THAN	1 \$5,000	\$5,000	\$9,999	\$10,000\$24,999	\$25,0	00-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY		I \$ 5,000	\$5,000	\$9,999	\$10,000\$24,999	\$25,0	00-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY		\$5,000	\$5,000	\$9,999	\$10,000\$24,999	\$25,0	00OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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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 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				
² PERSON REPRESENTED				
3 FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED			,	
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AN	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY	
	7			Revised 10/01/2009

Texas Ethics Commission	P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
		UNCTIONS	HONORIN	IG	PART 17
Section 36.10 of the Pena to a benefit derived from a of the Government Code of reported in the statement activities in connection wit received and is not reporte information, see FORM PES	function in honor or ap r title 15 of the Election and 2) the benefit is us h the office which are d by the public servant	preciation of a pub n Code if the bene sed solely to defra nonreimbursable b under title 15 of th	lic servant requi fit and the sourc y expenses that by the state or a	red to file a statement e of any benefit over accrue in the perforn political subdivisio nt	under chapter257 \$50 in value are: 1) nance of duties or such a benefitis
¹ SOURCE OF BENEFIT			NAME AND ADDRESS		
² BENEFIT					
SOURCE OF BENEFIT			NAME AND ADDRESS		
				• .	
BENEFIT					
SOURCE OF BENEFIT	· · · · · · · · ·	Ň	IAME AND ADDRESS		
BENEFIT					
SOURCE OF BENEFIT		N	AME AND ADDRESS		
BENEFIT	·	· · · ·	- · ·		
C	OPY AND ATTACH	ADDITIONAL PA	GES AS NEC	ESSARY	

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LEGISLATIVE CONTINUANCES				
Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.				
¹ NAME OF PARTY REPRESENTED				
² DATE RETAINED				
³ STYLE, CAUSE NUMBER, COURT & JURISDICTION		 		
4 DATE OF CONTINUANCE APPLICATION				
5 WAS CONTINUANCE GRANTED?	TYES NO			
NAME OF PARTY REPRESENTED				
DATE RETAINED		· · · · · · · · · · · · · · · · · · ·		
STYLE, CAUSE NUMBER, COURT, & JURISDICTION				
DATE OF CONTINUANCE APPLICATION				
WAS CONTINUANCE				

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

🔲 YES

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Texas Ethics Commission . Y .

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GRANTED?

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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



Sworn to and subscribed before me, by the said Kandi K. Shade, this the 29 day of 20 L Ú

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

(512) 463-5800 (TDE

(TDD 1-800-735-2989)

PERSON	AL FINANCIAL STATEMENT	FORM PFS COVER SHEET
For filings requ	n accordance with chapter 572 of the Government Code. uired in 2011, covenng calendar year ending December 31, 2010. MPFSINSTRUCTION GUIDE when completing this form.	ACCOUNT #
¹ NAME	ritle; FIRST; MI Randi K NICKNAME: LAST; SUFFIX Shade	OFFICE USE ONLY
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE # CITY; STATE; ZIP CODE (BZZ W. 10 St. B Auftm, TH 78703 (CHECK IF FILER'S HOME ADDRESS)	Receipt # 3 Amount &
³ TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (ST2 477-0994	Date Processed
⁴ REASON FOR FILING STATEMENT	CANDIDATE CANDI	(INDICATE AGENCY)
dependent children	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):	financial activity of the filer's spouse or
	HILD 1	
	2	
	3	
	8, you will disclose your financial activity during the preceding calendar not only your own financial activity, but also that of your spouse or a depenancial activity. COPY AND ATTACH ADDITIONAL PAGES AS N	endent child if you had actual control

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(512) 463-5800

SOURCES OF OCCU	PATIONAL INCOME	PART 1A
	a dependent child's activity, indicate the child about whe child is listed on the Cover Sheet.	iom you are reporting by
¹ INFORMATION RELATES TO		T CHILD
² EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION H	
EMPLOYED BY ANOTHER	City of Austr Austin City Coun Elected Office	c.1 Member
	CLEARD 04710 NATURE OF OCCUPATION	~~~
INFORMATION RELATES TO		T CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HI	LD
	NATURE OF OCCUPATION	•••••••••••••••••
INFORMATION RELATES TO		T CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION H	ELD
SELF-EMPLOYED	NATURE OF OCCUPATION	
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY	

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Austin, Texas 78711-2070

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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.

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

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STOCK				PART 2
List each business entity in which yo and indicate the category of the num category of the amount of the net INSTRUCTION GUIDE.	ber of shares held or ac	quired. If some or	all of the stock was	sold, also indicate the
When reporting information about providing the number under which th			child about whom	you are reporting by
¹ BUSINESS ENTITY		N	AME	· · · · · · · · · · · · · · · · · · ·
² STOCK HELD OR ACQUIRED BY				LD
³ NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD	LESS THAN \$5,000	5,000\$9,999	\$10,000\$24,999	S25,000-OR MORE
BUSINESS ENTITY				
STOCK HELD OR ACQUIRED BY				LD
NUMBER OF SHARES	LESS THAN 100	100 TO 499	🗍 500 ТО 999	1,000 TO 4,999
	5,000 TO 9,999	10,000 OR MOR	Ε	
IF SOLD INET GAIN	LESS THAN \$5,000	\$5,000 \$9,999	[i] \$10,000\$24,9 9 9	\$25,000-OR MORE
BUSINESS ENTITY		N/	ME	
STOCK HELD OR ACQUIRED BY			DEPENDENT CHI	LD
NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
	5,000 TO 9,999	10,000 OR MOR	Ē	
IF SOLD INET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	S25,000-OR MORE
BUSINESS ENTITY		N/	AME	
STOCK HELD OR ACQUIRED BY				LD
NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
	🗍 5,000 ТО 9,999	10,000 OR MOR	E	
IF SOLD INET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	S25,000-OR MORE
BUSINESS ENTITY		N/	AME	
STOCK HELD OR ACQUIRED BY				LD
NUMBER OF SHARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
	□ 5,000 то 9,999	10,000 OR MOR	E	
	LESS THAN \$5,000	\$5,000-\$9,999	······································	\$25,000-OR MORE
	Y AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY	

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BONDS, NOTES & O	THER COMME	RCIAL PAP	ER	PART 3
List all bonds, notes, and other cor calendar year. If sold, indicate th information, see FORM PFS–INSTI When reporting information abou providing the number under which	le category of the amou RUCTION GUIDE. t a dependent child's a	unt of the net gain	or loss realized from	m the sale. For more
1 DESCRIPTION OF INSTRUMENT				
² HELD OR ACQUIRED BY				Child
³ IF SOLD	☐ LESS THAN \$5,000	☐ \$5,000\$9,999	☐ \$10,000-\$24,999	☐ \$25,000OR MORE
DESCRIPTION OF INSTRUMENT			A A A A A A A A A A A A A A A A A	· ·
HELD OR ACQUIRED BY				Child
IF SOLD	LESS THAN \$5,000	5,000\$9,999	□ \$10,000\$24,999	\$25,000-OR MORE
DESCRIPTION OF INSTRUMENT				
HELD OR ACQUIRED BY				CHILD
IF SOLD	☐ LESS THAN \$5,000	[] \$5,000\$9,999 []	☐ \$10,000\$24,999	\$25,000OR MORE
COPY A	ND ATTACH ADDITIC	ONAL PAGES AS	NECESSARY	

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MUTUAL FUND	S				PART 4
List each mutual fund and acquired during the calen some or all of the shares of from the sale. For more in	dar year and indicate f a mutual fund were s	the category old, also indi	of the number of s cate the category of	shares of mutual fun	ds held or acquired. If
When reporting informat providing the number und				child about whom	you are reporting by
1 MUTUAL FUND	W	ells F	ing o Path	ways	
² SHARES OF MUTUAL FU HELD OR ACQUIRED BY		2			LD
3 NUMBER OF SHARES OF MUTUAL FUND		THAN 100	100 TO 499	500 TO 999	🔲 1,000 TO 4,999
		THAN \$5,000	5,000 \$9,999	☐ \$10,000\$24,999	\$25,000OR MORE
MUTUAL FUND			NA	ME	
SHARES OF MUTUAL FU HELD OR ACQUIRED BY		2			LD
NUMBER OF SHARES OF MUTUAL FUND		THAN 100 TO 9,999	100 TO 499	[] 500 ТО 999 Е	1,000 TO 4,999
		THAN \$5,000	5,000\$9,99	\$10,000-\$24,999	S25,000-OR MORE

HELD OR ACQUIRED BY				LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	🗋 500 ТО 999	☐ 1,000 TO 4,999
IF SOLD INET GAIN	LESS THAN \$5,000	[] \$5,000\$9,999	☐ \$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND		. NA	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY				LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	☐ 1,000 TO 4,999
IF SOLD INET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
СОРҮ	AND ATTACH ADDITIO	NAL PAGES AS NE	ECESSARY	

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	REST, DIVIDI	ENDS, ROYALTIES & RENTS PART	r 5
interest, dividends, royalties, and re more information, see FORM PFS When reporting information abou	ents during the calenda INSTRUCTION GUID t a dependent child's	activity, indicate the child about whom you are reporting	For
providing the number under which SOURCE OF INCOME		e Cover Sheet. NAME AND ADDRESS NK of America	
² RECEIVED BY	Tiler		
3 AMOUNT	\$500-\$4,999	☐ \$5,000\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MC	DRE
SOURCE OF INCOME		NAME AND ADDRESS	
RECEIVED BY			
AMOUNT	5500\$4,999	☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MC	ORE
SOURCE OF INCOME		NAME AND ADDRESS	
RECEIVED BY			
AMOUNT	\$500-\$4,999	S5,000-\$9,999 S10,000-\$24,999 S25,000-OR MC	DRE
COPY A	ND ATTACH ADDI	TIONAL PAGES AS NECESSARY	

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

NOTAPPLICABLE

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

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
² LIABILITY OF			
³ GUARANTOR			
4 AMOUNT	\$1,000\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF			
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			
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

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INTERESTS IN REAL PROPERTY

PART **7A**

NOTAPPLICABLE

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

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

¹ HELD OR ACQUIRED BY	Filer		
2 STREET ADDRESS	18	STREET ADDRESS, INCL 22 B. W. 1 Austin, TX	
³ DESCRIPTION LOTS ACRES		NUMBER OF LOTS OR ACRES	and name of county where located
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)		Bank of Ar	merica Mortgage
⁵ IF SOLD NET GAIN NET LOSS		IN \$5,000 🔲 \$5,000\$9,99	99 🔲 \$10,000\$24,999 🗍 \$25,000-OR MORE
HELD OR ACQUIRED BY			
STREET ADDRESS		STREET ADDRESS, INCL	UDING CITY, COUNTY, AND STATE
NOTAVAILABLE		· · ·	UDING CITY, COUNTY, AND STATE
		· · ·	AND NAME OF COUNTY WHERE LOCATED
NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE	LESS THA	NUMBER OF LOTS OR ACRES A	AND NAME OF COUNTY WHERE LOCATED

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PART 7B

INTERESTS IN BUSINESS ENTITIES

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

¹ HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD			
² DESCRIPTION	NAME AND 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				
DESCRIPTION	NAME AND ADDRESS			
IF SOLD	☐ LESS THAN \$5,000			
HELD OR ACQUIRED BY				
DESCRIPTION	NAME AND ADDRESS			
IF SOLD	LESS THAN \$5,000			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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GIFTS PART 8					
Identify any person or organization that has given a gift <i>worth more than \$250</i> to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS–INSTRUCTION GUIDE.					
providing the number under which t			ADDRESS		
DONOR	Kayla	Shell w.101-5+			
	1822 Au	Sty TX 78	5703		
² RECIPIENT	FileR			ilD	
3 DESCRIPTION OF GIFT	9(11,000				
DONOR		NAME AND ADDRESS			
	· .				
RECIPIENT	Filer			IILD	
DESCRIPTION OF GIFT					
DONOR		NAME AND	ADDRESS		
RECIPIENT				IILD	
DESCRIPTION OF GIFT					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

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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.

¹ SOURCE		NAME C	DF TRUST	
² BENEFICIARY				CHILD
³ INCOME	LESS THAN \$5,000	\$5,000-\$9,99	\$10,000\$24,999	S25,000-OR MORE
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME O	FTRUST	
BENEFICIARY				HILD
INCOME	LESS THAN \$5,000	\$5,000 \$9,999	\$10,000-\$24,999	S25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
		NAME O	F TRUST	
SOURCE				
BENEFICIARY				HILD
INCOME	LESS THAN \$5,000	L \$5,000\$9,999	\$10,000-\$24,999	S25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
COPY A	ND ATTACH ADDITIC	NAL PAGES AS	NECESSARY	

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BLIND TRUSTS				PART 10A
NOTAPPLICABLE				
Identify each blind trust that GUIDE.	complies with section 5	72.023(c) of the Governm	ent Code. See FORM	PFS-INSTRUCTION
When reporting information providing the number under	n about a dependent of which the child is listed	child's activity, indicate th I on the Cover Sheet.	ne child about whom	you are reporting by
¹ NAME OF TRUST				
² TRUSTEE		NAME A	AND ADDRESS	
³ BENEFICIARY				CHILD
⁴ FAIR MARKET VALUE	LESS THAN	N \$5,000 🗌 \$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
⁵ DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME A	AND ADDRESS	
BENEFICIARY				CHILD
FAIR MARKET VALUE		N \$5,000 🗌 \$5,000\$9,999	L \$10,000\$24,999	\$25,000OR MORE
DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME A	AND ADDRESS	
BENEFICIARY				CHILD
FAIR MARKET VALUE		N \$5,000 🗌 \$5,000\$9,999	\$10,000 -\$24,999	\$25,000OR MORE
DATE CREATED				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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	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 Fin	ancial Statement in General			
(b) The account of financial	activity consists of:			
(8) identification of the than a blind trust that	he source and the category of the amount of all income received as beneficiary of a trust, other complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, vas received by the beneficiary in excess of \$500;			
(14) identification of	each blind trust that complies with Subsection (c), including:			
(A) the cate	gory of the fair market value of the trust;			
(B) the date the trust was created;				
(C) the nam	e and address of the trustee; and			
(D) a statem	ent signed by the trustee, under penalty of perjury, stating that:			
	ustee has not revealed any information to the individual, except information that may be disclosed ubdivision (8); and			
(ii) to the	e best of the trustee's knowledge, the trust complies with this section.			
(c) For purposes of Subsecti	ons (b)(8) and (14), a blind trust is a trust as to which:			
(1) the trustee:				
(A) is a disir	iterested party;			
(B) is not the	e individual;			
(C) is not re	quired to register as a lobbyist under Chapter 305;			
(D) is not a p	public officer or public employee; and			
(E) was not a supervises;	appointed to public office by the individual or by a public officer or public employee the individual and			
	complete discretion to manage the trust, including the power to dispose of and acquire trust ulting or notifying the individual.			
amendment to the individual's	ection (c) is revoked while the individual is subject to this subchapter, the individual must file an most recent financial statement, disclosing the date of revocation and the previously unreported set and the income derived from each asset.			

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PART 10B

Texas Ethics Commission

NOTAPPLICABLE

TRUS

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É STATEMENT

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ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

NOTAPPLICABLE

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

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

¹ BUSINESS ASSOCIATION	NAME AND ADDRESS			
² BUSINESS TYPE		· · · ·		
³ HELD, ACQUIRED, OR SOLD BY				CHILD
⁴ ASSETS	Df	ESCRIPTION	CATE	GORY
	<i>. </i>		\$10,000\$24,999	S25,000OR MORE
			LESS THAN \$5,000	L \$5,000\$9,999
		 	☐ \$10,000\$24,999 · · · · · · · · · · · · · · ·	S25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			☐ \$10,000\$24,999 · · · · · · · · · · · · · · · ·	S25,000OR MORE
			LESS THAN \$5,000	5,000\$9,999
			□ \$10,000\$24,999 · · · · · · · · · · · · · · · ·	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000\$24,999	\$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
C	OPY AND ATTAC	H ADDITIONAL PAGES	AS NECESSARY	

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LIABILITIES OF	BUSINESS AS	SOCIATIONS	PART 11	1B
corporation, professional dent child held, acquired, of the assets. For more in	association, joint ventue or sold 50 percent or mo formation, see FORM P	re, or other business asso ore of the outstanding own FS–INSTRUCTION GUI		oen- ount
providing the number und			the child about whom you are reporting	j by
¹ BUSINESS ASSOCIATION		NAME AND	ADDRESS 's Home Address)	
² BUSINESS TYPE			•	
³ HELD, ACQUIRED, OR SOLD BY				
⁴ LIABILITIES	DES(CRIPTION	CATEGORY)RE
			LESS THAN \$5,000	DRE
			LESS THAN \$5,000)RE
			 LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MO)RE
			☐ LESS THAN \$5,000 ☐ \$5,000\$9,999)RE
			☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MO)RE
			LESS THAN \$5,000 🗍 \$5,000\$9,999	DRE
			LESS THAN \$5,000 🗌 \$5,000\$9,999	DRE
	COPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY	

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BOARDS AND EXECUTIVE POSITIONS

PART 12

NOTAPPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

¹ ORGANIZATION	Pecan S-	t. Project, luc	501 c 3 Won Profit		
² POSITION HELD	Board	t. Project, luc Member			
³ POSITION HELD BY	Ster				
ORGANIZATION					
POSITION HELD					
POSITION HELD BY	🗍 FILER				
ORGANIZATION			· · · · · · · · · · · · · · · · · · ·		
POSITION HELD					
POSITION HELD BY					
ORGANIZATION			·		
POSITION HELD					
POSITION HELD BY	🗌 FILER				
ORGANIZATION					
POSITION HELD					
POSITION HELD BY	🗍 FILER				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

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	ED UNDER HONORARIUM EXCEPTION PART 13
of the Penal Code, in connection wi audience or participating in a semi transportation, meals, or lodging. Y on a campaign finance report, or ex	ou with necessary transportation, meals, or lodging, as permitted under section 36.07(b) it a conference or similar event in which you rendered services, such as addressing an nar, that were more than perfunctory. Also provide the amount of the expenditures on fou are not required to include items you have already reported as political contributions spenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the mation, see FORM PFS–INSTRUCTION GUIDE.
1 PROVIDER	NAME AND ADDRESS
FROUBER	
2	
AMOUNT	
PROVIDER	NAME AND ADDRESS
FROUDER	
AMOUNT	
	NAME AND ADDRESS
PROVIDER	NAME AND ADDRESS
. *	
AMOUNT	
	NAME AND ADDRESS
PROVIDER	
	<u> </u>
AMOUNT	
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

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INTEREST IN BUSINE	ESS IN CON	IMON WITH LC	BBYIST PART 14	
NOTAPPLICABLE				
sional association, joint venture, or o	other business ass erson registered as	sociation, other than a pu	artnership, professional corporation, profes- ublicly-held corporation, in which you, your 305 of the Government Code that both have	
¹ BUSINESS ENTITY	NAME AND ADDRESS			
² INTEREST HELD BY				
BUSINESS ENTITY		NAME AND	DADDRESS	
			·	
INTEREST HELD BY				
BUSINESS ENTITY	NAME AND ADDRESS			
INTEREST HELD BY				
BUSINESS ENTITY		NAME AND	D ADDRESS	
INTEREST HELD BY	FILER			
BUSINESS ENTITY	NAME AND ADDRESS			
INTEREST HELD BY				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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FEES RECEIVED FO TO A LOBBYIST OR I			· · ·	PART 15			
chapter 305 of the Government Code sates or reimburses a person require	Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFSINSTRUCTION GUIDE.						
¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
² FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			· · · · · · · · · · · · · · · · · · ·				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
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	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ISLATOR BEFORE		PART 16

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

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

¹ STATE AGENCY						
² PERSON REPRESENTED						
3 FEE CATEGORY	LESS THAN \$5,000	5,000 \$9,999	\$10,000-\$24,999	\$25,000-OR MORE		
STATE AGENCY						
PERSON REPRESENTED						
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE		
STATE AGENCY						
PERSON REPRESENTED						
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE		
STATE AGENCY						
PERSON REPRESENTED						
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000-OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

Texas	Ethics	Commission	/

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

NOTAPPLICABLE

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

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

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Austin, Texas 78711-2070

(512) 463-5800

LEGISLATIVE CONT		PART 18					
Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.							
1 NAME OF PARTY REPRESENTED			· · · · · · · · · · · · · · · · · · ·				
² DATE RETAINED							
³ STYLE, CAUSE NUMBER, COURT & JURISDICTION	r						
4 DATE OF CONTINUANCE APPLICATION							
5 WAS CONTINUANCE GRANTED?	T YES	∏ NO					
NAME OF PARTY REPRESENTED							
DATE RETAINED			· · · · · · · · · · · · · · · · · · ·				
STYLE, CAUSE NUMBER, COURT, & JURISDICTION							
DATE OF CONTINUANCE APPLICATION							
WAS CONTINUANCE GRANTED?	🗌 YES						
COPY	AND ATTACH A	DDITIONAL PAGES A	S NECESSARY				

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(TDD 1-800-735-2989)

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

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

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Randi shade 21 Sworn to and subscribed before me, by the said this the day of MAVUN

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

na Ruiz

Signature of officer administering with

Print name of officer administering oath

Title of officer administering oath

1