PERSONAL FINANCIAL STATEMENT

P.O. Box 12070

FORM PFS **COVER SHEET**

(512) 463-5800

Γ			TOTAL NUMBER OF PAG	SES FILED:
		n accordance with chapter 572 of the Government Code.		_ =
		ired in 2012, covering calendar year ending December 31, 2011. M PFS-INSTRUCTION GUIDE when completing this form.	ACCOUNT #	<u>;;;</u>
	USETOR	WIFFS-INSTRUCTION GOIDE WHEN COMpleting this form.		ED S
1	NAME	TITLE; FIRST; MI	OFFICE	USE ONLY 2
ľ		William Glenn	Data Received	1.00
		NICKNAME; LAST; SUFFIX		2 2
		Spelman		EB EAR
		Spennan		; ب
2	ADDRESS	ADDRESS / PO HOX; APT / SUITE #, CITY; STATE; ZIP CODE	1	(C) ;
		3802 Ave. F		(3)
				ري
		Austin, TX 78751-5008	Receipt #	
			Kacaibi a	
		(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
3	TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed	
	NUMBER	(512) 974.2256	Date Imeged	,
4	REASON			
	FOR FILING	CANDIDATE		(INDICATE OFFICE)
	STATEMENT	X ELECTED OFFICER City of Austin Council Member, Place 5		(INDICATE OFFICE)
		APPOINTED OFFICER		(INDICATE AGENCY)
		EXECUTIVE HEAD		(INDICATE AGENCY)
		FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT		
		STATE PARTY CHAIR		(INDICATE PARTY)
		☐ OTHER		(INDICATE POSITION)
5	Family members wi	hose financial activity you are reporting (filer must report information about the	financial activity of	the filer's soonee or
	dependent children	if the filer had actual control over that activity):	manda delivity of	mer a apouse of
	SPOUSE N	iyanta Patel Spelman		
	DEPENDENT C	HILD 1, Ronan Spelman		
	DE. 2.102.11 G			
		2		
		3		

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070_	(512) 463-5800	(TDD 1-800-735-2989)
RETAINERS				PART 1B
MOTAPPLICABLE				
your spouse, or a depender services on a matter specif	nt child have a "subst ied at the time of cont during the calendar	er by you, your spouse, or a dep antial interest") for a claim on fu tracting for or receiving the fee year did not equal or exceed the	ture services in case Report information	of need, rather than for here only if the value of
When reporting information providing the number under		ent child's activity, indicate the sted on the Cover Sheet.	e child about whom	you are reporting by
1 FEE RECEIVED FROM		NAME AL	ND ADDRESS	
FEE RECEIVED BY	· SPOU	R ILER'S BUSINESS	OF BUSINESS	
		NDENT CHILD		-
FEE AMOUNT	LESS	THAN \$5,000 \$5,000-\$9,999	\$10,000-\$24,999	9 S25,000-OR MORE
FEE RECEIVED FROM		NAME A	ND ADDRESS	
FEE RECEIVED BY		NAME	OF BUSINESS	
	☐ FILER OR FI	LER'S BUSINESS		
	SPOU OR S	ISE POUSE'S BUSINESS —————		·
	DEPE OR C	NDENT CHILD		
	1			

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

FEE AMOUNT

STOCK					PART 2			
☐ NOTAPPLIC	CABLE			•				
List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE. When reporting Information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.								
1 BUSINESS ENTIT	ТҮ	Cemex SAB de CV.		AME				
² STOCK HELD OR	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D			
3 NUMBER OF SHA	ARES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	☐ 500 TO 999	1,000 TO 4,999			
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000-OR MORE			
BUSINESS ENTIT	ГҮ	Ship Finance Inter	national Limited	ME				
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		□ 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			
	<u> </u>							
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BUSINESS ENTIT	TY	Trinity Industries	× SPOUSE	ME DEPENDENT CHIL	.D			
	ACQUIRED BY				_D ☐ 1,000 TO 4,998			
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LESS THAN 100

5,000 TO 9,999

LESS THAN \$5,000

NUMBER OF SHARES

☐ NET GAIN

■ NET LOSS

IF SOLD

X 100 TO 499

☐ 10,000 OR MORE

500 TO 999

1,000 TO 4,999

			as /8/11-20/0	(512) 463-5800	(1001-800-735-2969)			
STOCK					PART 2			
NOTAPPLICA	ABLE							
List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.								
1 BUSINESS ENTIT	Υ .	Noble Corp.	Ne	ME	· ·			
² STOCK HELD OR	ACQUIRED BY	 FILER	☑ SPOUSE	DEPENDENT CHIL	.D			
³ NUMBER OF SHA	RES	LESS THAN 100	X 100 TO 499	☐ 500 TO 999	1,000 TO 4,999			
		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	E				
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	X \$5,000\$9,999	\$10,000-\$24,999	☐ \$25,000—OR MORE			
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BUSINESS ENTIT		Macquarie Infrastru	cture Co.	ME DEPENDENT CHIL	.D			
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STOCK					PART 2		
☐ NOTAPPL	ICABLE	-					
List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE.							
		dependent child's acchild is listed on the Co		child about whom	you are reporting by		
1 BUSINESS ENT	ITY	Deckers Outdoor (AME			
² STOCK HELD O	R ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHI	LD		
3 NUMBER OF SH	IARES	LESS THAN 100	X 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999		
		5,000 TO 9,999	☐ 10,000 OR MOR	.E			
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	X \$5,000-\$9,999	\$10,000\$24,999	☐ \$25,000-OR MORE		
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STOCK HELD OF SHOUMBER OF SHOUSINESS ENTI	R ACQUIRED BY IARES NET GAIN NET LOSS TY R ACQUIRED BY IARES NET GAIN NET GAIN NET LOSS TY R ACQUIRED BY	ILESS THAN 100		OEPENDENT CHII 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE LD		
STOCK HELD OF SHOUMBER OF SHOUSINESS ENTI	R ACQUIRED BY IARES NET GAIN NET LOSS TY R ACQUIRED BY IARES NET GAIN NET GAIN NET LOSS TY R ACQUIRED BY	ILER LESS THAN 100 S,000 TO 9,999 LESS THAN \$5,000 Heckmann Corp ILESS THAN 100 LESS THAN 100 S,000 TO 9,999 ILESS THAN \$5,000 Las Vegas Sands C		OEPENDENT CHII 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE LD		

Texas Ethics Commissi	on P.O. Box	12070 Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)		
STOCK					PART 2		
☐ NOTAPPLIC	ABLE						
List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.							
1 BUSINESS ENTIT	Υ	Potlatch Corp	N/	AME			
² STOCK HELD OR	ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	LD		
3 NUMBER OF SHA	ARES	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MOR	☐ 500 TO 999	1,000 TO 4,999		
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	☑ LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000-OR MORE		
BUSINESS ENTIT	Υ	 -	N	AME	<u></u>		
STOCK LIELD OD	4001 HDCD DV						
STOCK HELD OR		FILER	SPOUSE	DEPENDENT CHIL			
NUMBER OF SHA	ARES	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999		
IF SOLD	☐ NET GAIN	5.000 TO 9,999	☐ 10,000 OR MOR				
	☐ NET LOSS	LESS THAN \$5,000	S5,000—\$9,999 ————————————————————————————————	\$10,000-\$24,999	☐ \$25,000OR MORE		
BUSINESS ENTIT	Υ	,	N	WE			
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	.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	\$25,000OR MORE		
BUSINESS ENTIT	Υ	•	NA NA	ME			
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	.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	\$25,000-OR MORE		
BUSINESS ENTIT	Υ	•	NA	ME			
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	.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	☐ \$25,000-OR MORE		
	COPY	AND ATTACH ADDITION	NAL PAGES AS NEC	CESSARY			

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(TDD 1-800-735-2989) (512) 463-5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 **BONDS, NOTES & OTHER COMMERCIAL PAPER** PART 3 x NOTAPPLICABLE List all bonds, notes, and other commarcial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. DESCRIPTION OF INSTRUMENT ² HELD OR ACQUIRED BY SPOUSE FILER DEPENDENT CHILD _____ IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET GAIN ☐ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY ... SPOUSE FILER ☐ DEPENDENT CHILD _____ IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET GAIN ☐ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY ☐ FILER ☐ SPOUSE DEPENDENT CHILD _____ IF SOLD LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ☐ NET GAIN ☐ NET LOSS

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	MUTUAL FUNDS	5				PART 4				
	NOTAPPLICABLE									
6 1 1	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		NAME Davis New York Venture Class A							
2	SHARES OF MUTUAL FUN HELD OR ACQUIRED BY	ID	X FILER	X SPOUSE	DEPENDENT CHIL	.D				
3	NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	¥ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999				
•	OFMOTOALFOND		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	E					
4		T GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE				
F	MUTUAL FUND			NA.	ME					
l										
			Keeley Small Cap V	alue Class A						
	SHARES OF MUTUAL FUN HELD OR ACQUIRED BY	4D	Keeley Small Cap V	X SPOUSE	DEPENDENT CHIL	.D				
	HELD OR ACQUIRED BY NUMBER OF SHARES	4D			☐ DEPENDENT CHIL					
	HELD OR ACQUIRED BY	ND	X FILER	x spouse	☐ 500 TO 999	_				
	NUMBER OF SHARES OF MUTUAL FUND IF SOLD	T GAIN T LOSS	FILER		☐ 500 TO 999	_				
	NUMBER OF SHARES OF MUTUAL FUND IF SOLD	T GAIN	■ FILER ■ LESS THAN 100 ■ 5.000 TO 9,999	X SPOUSE X 100 TO 499 ☐ 10,000 OR MOR X \$5,000\$9,999	☐ 500 TO 999 E	1,000 TO 4,999				
	NUMBER OF SHARES OF MUTUAL FUND IF SOLD	T GAIN T LOSS	LESS THAN 100 5.000 TO 9,999 LESS THAN \$5,000	X SPOUSE X 100 TO 499 ☐ 10,000 OR MOR X \$5,000\$9,999	☐ 500 TO 999 E ☐ \$10,000\$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE				
	NUMBER OF SHARES OF MUTUAL FUND IF SOLD NE NE MUTUAL FUND SHARES OF MUTUAL FUN HELD OR ACQUIRED BY NUMBER OF SHARES	T GAIN T LOSS	LESS THAN 100 5.000 TO 9,999 LESS THAN \$5,000 Mutual Series Sh	X SPOUSE X 100 TO 499 ☐ 10,000 OR MOR X \$5,000\$9,999	□ 500 TO 999 E □ \$10,000\$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE				
	NUMBER OF SHARES OF MUTUAL FUND IF SOLD NE NE MUTUAL FUND SHARES OF MUTUAL FUN HELD OR ACQUIRED BY	T GAIN T LOSS	X FILER ☐ LESS THAN 100 ☐ 5.000 TO 9,999 ☐ LESS THAN \$5,000 Mutual Series Sh	X SPOUSE X 100 TO 499 ☐ 10,000 OR MOR X \$5,000\$9,999 NA ares Class A	500 TO 999					
	NUMBER OF SHARES OF MUTUAL FUND IF SOLD NE MUTUAL FUND SHARES OF MUTUAL FUN HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NE	T GAIN T LOSS	X FILER □ LESS THAN 100 □ 5.000 TO 9,999 □ LESS THAN \$5,000 Mutual Series Sh X FILER X LESS THAN 100		500 TO 999					

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

NET GAIN

☐ NET LOSS

IF SOLD

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MUTUAL FUND	os				PART 4			
☐ NOTAPPLICABLE		•						
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE.								
When reporting informa providing the number un				child about whom	you are reporting by			
1 MUTUAL FUND			NA	ME				
	,	Capital World Grov	wth & Income					
2 SHARES OF MUTUAL FI HELD OR ACQUIRED 8		T FILER	X SPOUSE	DEPENDENT CHI	LD			
3 NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	x 100 TO 499	500 TO 999	☐ 1,000 TO 4,999			
OF MOTOAL PORD		☐ 5,000 TO 9,999	10,000 OR MOR	E				
	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE			
MUTUAL FUND		Cohen & Steers G	NA lobal Realty Shares I	ME Fund				
MUTUAL FUND SHARES OF MUTUAL FOR HELD OR ACQUIRED BY		Cohen & Steers G		_	LD			
SHARES OF MUTUAL FOR HELD OR ACQUIRED BY NUMBER OF SHARES			lobal Realty Shares	Fund	_D			
SHARES OF MUTUAL FO		X FILER	SPOUSE	DEPENDENT CHIL				
SHARES OF MUTUAL FI HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD		X FILER X LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHIL	☐ 1,000 TO 4,999			
SHARES OF MUTUAL FI HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD	Y NET GAIN	▼ FILER▼ LESS THAN 100□ 5.000 TO 9,999	SPOUSE	DEPENDENT CHIL	☐ 1,000 TO 4,999			
SHARES OF MUTUAL FI HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD	NET GAIN NET LOSS	 X FILER X LESS THAN 100 ☐ 5.000 TO 9,999 X LESS THAN \$5.000 	SPOUSE	Fund DEPENDENT CHII 500 TO 999 E \$10.000-\$24,999	☐ 1,000 TO 4,999			
SHARES OF MUTUAL FOR HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND SHARES OF MUTUAL FOR HELD OR ACQUIRED BY NUMBER OF SHARES	NET GAIN NET LOSS	X FILER X LESS THAN 100 5.000 TO 9,999 X LESS THAN \$5,000 Nuveen Small Midca	SPOUSE 100 TO 499 10,000 OR MOR \$5,000-\$9,989	DEPENDENT CHII 500 TO 999 E \$10.000-\$24,999	☐ 1,000 TO 4,999			
SHARES OF MUTUAL FOR HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF MUTUAL FOR HELD OR ACQUIRED BY	NET GAIN NET LOSS	ILESS THAN 100 □ 5.000 TO 9,999 LESS THAN \$5.000 Nuveen Small Midcag ILESS THAN	SPOUSE 100 TO 499 10,000 OR MOR \$5,000-\$9,989 Value Fund	DEPENDENT CHIL	1,000 TO 4,999 \$25,000—OR MORE			

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MUTUAL FUNDS	į.				PART 4				
NOTAPPLICABLE									
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by									
providing the number under									
1 MUTUAL FUND	Temple	eton Growth f	und NA	ME					
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	ı	X SPOUSE	DEPENDENT CHI	LD				
3 NUMBER OF SHARES	I LESS	THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999				
OF MUTUAL FUND	5,000	P66,6 QT	☐ 10,000 OR MOR	E					
4 IF SOLD NET		THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24.999	\$25,000OR MORE				
MUTUAL FUND	Thurn	iburg Internat	NA ional Value Fund	ME					
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	K FILER	ı	X SPOUSE	DEPENDENT CHIL	LD				
NUMBER OF SHARES	LESS	THAN 100	■ 100 TO 499	500 TO 999	1,000 TO 4,999				
OF MUTUAL FUND	5,000	TO 9,999	☐ 10,000 OR MOR	E					
IF SOLD NET	GAIN X LESS	THAN \$5,000	\$5,000-\$9,999	\$10,000 -\$ 24,999	\$25,000-OR MORE				
MUTUAL FUND	Davis A	Appreciation &	NAI & Income Fund	ME					
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER		X SPOUSE	DEPENDENT CHIL	d				
NUMBER OF SHARES	LESS	THAN 100	X 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999				
OF MUTUAL FUND	5,000	TO 9,999	☐ 10,000 OR MOR	E					
	GAIN X LESS	THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE				
	COPY AND ATTA	ACH ADDITIO	NAL PAGES AS NE	CESSARY					

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MUTUAL FUNDS					PART 4			
NOTAPPLICABLE								
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.								
1 MUTUAL FUND								
		Franklin Income F	und					
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY) X	FILER	x spouse	DEPENDENT CHIL	LD			
3 NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499	X 500 TO 999	1,000 TO 4,999			
OF MUTUAL FUND		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	\$25,000OR MORE			
MUTUAL FUND		Pimco Mortgage-		ME				
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY) <u>x</u>	FILER	X SPOUSE	DEPENDENT CHI	.D			
NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	X 1,000 TO 4,999			
OF MUTUAL FUND		5,000 TO 9,999	☐ 10,000 OR MOR	E				
IF SOLD NET		LESS THAN \$5,000	\$5,000-\$9,999	X \$10,000-\$24,999	\$25,000OR MORE			
MUTUAL FUND			NA NA	ME				
		Oppenheimer li	nternational Bond.		•			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY) X	FILER	X SPOUSE	DEPENDENT CHIL				
NUMBER OF SHARES	\□	LESS THAN 100	☐ 100 TO 499	X 500 TO 999	☐ 1,000 TO 4,999			
OF MUTUAL FUND		5,000 TO 9,999	☐ 10,000 OR MOR	E				
_	GAIN X	LESS THAN \$5,000	\$5,000~\$9,999	\$10,000-\$24,999	\$25,000OR MORE			

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MUTUAL FUNI	os				PART 4		
NOTAPPLICABLE	í						
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held o acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. I some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE.							
When reporting information providing the number un				child about whom	you are reporting by		
1 MUTUAL FUND		Principal Midcap Fund		ME			
2 SHARES OF MUTUAL F HELD OR ACQUIRED B	I	X FILER	X SPOUSE	DEPENDENT CHIL	LD		
3 NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	100 TO 499	X 500 TO 999	1,000 TO 4,999		
OF MOTOAL FOND		□ 5,000 TO 9,999	☐ 10,000 OR MOR	Ε			
	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000~\$9,999	X \$10,000\$24,999	\$25,000OR MORE		
MUTUAL FUND			NA	ME			
MUTUAL FUND		Dreyfus Insured Dep		ME			
SHARES OF MUTUAL F		Dreyfus Insured Dep		ME DEPENDENT CHIL	LD		
SHARES OF MUTUAL F HELD OR ACQUIRED B'			osits		LD		
SHARES OF MUTUAL F HELD OR ACQUIRED B		X FILER	SPOUSE	DEPENDENT CHIL			
SHARES OF MUTUAL F HELD OR ACQUIRED B NUMBER OF SHARES OF MUTUAL FUND IF SOLD		FILER LESS THAN 100	SPOUSE	DEPENDENT CHIL	☑ 1,000 TO 4,999		
SHARES OF MUTUAL F HELD OR ACQUIRED B NUMBER OF SHARES OF MUTUAL FUND IF SOLD	Y NET GAIN	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☑ LESS THAN \$5,000	SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR	DEPENDENT CHIL	☑ 1,000 TO 4,999		
SHARES OF MUTUAL F HELD OR ACQUIRED B NUMBER OF SHARES OF MUTUAL FUND IF SOLD	Y NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☑ LESS THAN \$5,000	SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000~\$9,999	DEPENDENT CHIL	☑ 1,000 TO 4,999 ☐ \$25,000-OR MORE		
SHARES OF MUTUAL F HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF MUTUAL F HELD OR ACQUIRED BY NUMBER OF SHARES	Y NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☑ LESS THAN \$5,000 Powershares Emer	SPOUSE 100 TO 499 10,000 OR MOR \$5,000-\$9,999	DEPENDENT CHII 500 TO 999 E \$10,000-\$24,999 ME eign Debt Fund	☑ 1,000 TO 4,999 ☐ \$25,000-OR MORE		
SHARES OF MUTUAL F HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD MUTUAL FUND SHARES OF MUTUAL F HELD OR ACQUIRED BY	Y NET GAIN NET LOSS	FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Powershares Emer	SPOUSE 100 TO 499 10,000 OR MOR \$5,000~\$9,999 NA ging Markets Sovero	DEPENDENT CHIL	1,000 TO 4,989 \$25,000-OR MORE		

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MUTUAL FUND	S				PART 4				
NOTAPPLICABLE									
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.									
1 MUTUAL FUND		Fidelity Contra	_{NAI} fund	ME					
2 SHARES OF MUTUAL FUR HELD OR ACQUIRED BY	ND	A FILER	SPOUSE	DEPENDENT CHIL	.D				
3 NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999				
OF MUTUAL FUND		5.000 TO 9,999	☐ 10,000 OR MOR	Ē					
	T GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000OR MORE				
MUTUAL FUND			. NA	ME					
		Fidelity Growth	Company Fund						
SHARES OF MUTUAL FUI HELD OR ACQUIRED BY	ND	X FILER	SPOUSE	DEPENDENT CHIL	.D				
NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	X 1,000 TO 4,999				
OF MUTUAL FUND		5,000 TO 9,999	☐ 10,000 OR MOR	E					
	T GAIN	LESS THAN \$5,000	\$5.000-\$9,999	\$10,000\$24,999	図 \$25,000-OR MORE				
MUTUAL FUND			NA.	ME	-				
		Fidelity Large-Cap \	Value Fund						
SHARES OF MUTUAL FUI HELD OR ACQUIRED BY	ND	X FILER	☐ SPOUSE	DEPENDENT CHIL	.D				
NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	X 1,000 TO 4,999				
OF MUTUAL FUND		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	E					
<u> </u>	T GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	X \$25,000-OR MORE				
		AND ATTACK		200004554					
	CODV	AND ATTACH ADDITIO	MAI BACEE AC NE	TLECADY					

☐ NET LOSS

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LESS THAN \$5,000 S5,000-\$9,999 X \$10,000-\$24,999 S25,000-OR MORE

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	MUTUAL FUNDS					PART 4
	NOTAPPLICABLE		· -			
s	List each mutual fund and the acquired during the calenda some or all of the shares of a from the sale. For more information and the sale.	r year and indicate the mutual fund were so mation, see FORM F	he category old, also indic PFSINSTRI	of the number of state the category of UCTION GUIDE.	hares of mutual fund the amount of the no	ds held or acquired. If et gain or loss realized
	When reporting information providing the number under				child about whom	you are reporting by
1	MUTUAL FUND	Fide	ity Governme	NAI ent Income Fund	ME,	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER		SPOUSE	DEPENDENT CHIL	.0 0
3	NUMBER OF SHARES	LESS	 ГНАN 100	☐ 100 TO 499	☐ 500 TO 999	X 1,000 TO 4,999
	OF MUTUAL FUND	5,000 1	FO 9,999	10,000 OR MOR	E	
4	IF SOLD	GAIN LESS	THAN \$5,000	\$5,000\$9,999	x \$10,000-\$24,999	☐ \$25,000OR MORE
	MUTUAL FUND			NA	ME .	
		. We	ells Fargo Adv	antage Emerging M	arkets Fund	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	区 FILER		SPOUSE	DEPENDENT CHIL	.0
-	NUMBER OF SHARES	LESS T	THAN 100	X 100 TO 499	☐ 500 TO 999	1,000 TO 4,999
	OF MUTUAL FUND	5,000	FO 9,999	☐ 10,000 OR MOR	, E	•
	IF SOLD NET	L LESS 1	THAN \$5,000	X \$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
	MUTUAL FUND	Invesco	Select Compa	anles Fund	WE	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER		SPOUSE	DEPENDENT CHIL	.D
	NUMBER OF SHARES	LESS T	THAN 100	X 100 TO 499	☐ 500 TO 999	1,000 TO 4,999
l	OF MUTUAL FUND	(c con 7	rO 0 000	☐ 10,000 OR MOR	E	
		□ 5,000 ד				
	IF SOLD	GAIN LESS	THAN \$5,000	X \$5,000\$9,999	\$10,000 -\$24, 999	\$25,000-OR MORE

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5 NOT APPLICABLE List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calandar year and indicate the category of the amount of the income. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS SOURCE OF INCOME Garage Apartment 3802 Ave. F Austin, TX 78754-5008 2 RECEIVED BY X FILER X SPOUSE □ DEPENDENT CHILD _____ **AMOUNT** X \$5,000-\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE \$500-\$4,999 NAME AND ADDRESS SOURCE OF INCOME 1712 E. 38th St. Austin, TX 78723 RECEIVED BY X FILER SPOUSE DEPENDENT CHILD _____ **AMOUNT** \$5,000-\$9,999 X \$10,000-\$24,999 \ \$25,000-OR MORE \$500--\$4,999 NAME AND ADDRESS SOURCE OF INCOME 1200 E. 11th St., Apt 209 Austin, TX 78702 RECEIVED BY Y SPOUSE X FILER ☐ DEPENDENT CHILD _____ **AMOUNT** \$5,000-\$9,999 \$500-\$4,999 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PART 6

² LIABILITY OF	X FILER	X SPOUSE	DEPENDENT CHILD
3 GUARANTOR	NONE	_	
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America	_	
LIABILITY OF	▼ FILER	X SPOUSE	DEPENDENT CHILD
GUARANTOR	NONE		
AMOUNT	51,000-\$4,999	\$5,000-\$9,999	\$10,000-\$24,999 X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citibank Mastero	card	·
LIABILITY OF	X FILER	X SPOUSE	DEPENDENT CHILD
GUARANTOR	NONE		
AMOUNT	X \$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE

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(512) 463-5800

INTERESTS IN REAL	PROPERT	Y		PART 7A
☐ NOTAPPLICABLE				•
Describe all beneficial interests in a calendar year. If the interest was sol For an explanation of "beneficial is INSTRUCTION GUIDE.	d, also indicate the	category of the amount of	f the net gain or loss	realized from the sale.
When reporting information about providing the number under which the			child about whom	you are reporting by
1 HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CI	HILO
2 STREET ADDRESS NOTAVAILABLE X CHECK IF FILER'S HOME ADDRESS	3802 Avenue F Austin, TX 7875		IG CITY, COUNTY, AND STATE	
³ DESCRIPTION		NUMBER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LO	CATED
X LOTS ACRES	Residential sing	le-family house and rental	garage apartment; Tr	avis County
4 NAMES OF PERSONS RETAINING AN INTÉREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	NONE	· ·		
F SOLD NET GAIN NET LOSS	LESS THAN \$	\$5,000 \(\sigma\) \$5,000 \(-\sigma\)	\$10,000\$24,999	☐ \$25,000-OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CI	
STREET ADDRESS			IG CITY, COUNTY, AND STATE	
☐ NOTAVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	1712 E 38th Austin, TX 7			
DESCRIPTION		NUMBER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LO	CATED
LOTS □ ACRES	Rental single-fa	mily house; Travis County		
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD NET GAIN NET LOSS	LESS THAN		\$10,000-\$24,999	. \$25,000OR MORE
COPY A	ND ATTACH AD	DITIONAL PAGES AS	NECESSARY	

111111111111111111111111111111111111111	
NOTAPPLICABLE	
calendar year. If the interest was sol	real property held or acquired by you, your spouse, or a dependent child during the ld, also indicate the category of the amount of the net gain or loss realized from the sale. Interest" and other specific directions for completing this section, see FORM PFS—
	a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
HELD OR ACQUIRED BY	▼ FILER
2 STREET ADDRESS X NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	street address, including city, county, and state 1) J.H. Lindley, Tract 36, A.777 3) H&TC Railroad Co., Block 2, Tract 18, A.1059 2) Block 27, Tract 20, A.1012 4) H&TC Railroad Co., Block 1, Tract 60, A.964
3 DESCRIPTION [] LOTS [] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED . Undeveloped range land, Irion County, TX
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Partial Interest in 4 Sections: Janice Spelman, Philip Cravens, Richard Cravens
F SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10.000\$24,999 ☑ \$25,000OR MORE
HELD OR ACQUIRED BY	▼ FILER ▼ SPOUSE □ DEPENDENT CHILD
STREETADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	1200 E. 11th St., Apt 209 Austin, TX 78702
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Condo; Travis County
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	NONE
IF SOLD INET GAIN INET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

P.O. Box 12070

PART 7B INTERESTS IN BUSINESS ENTITIES NOTAPPLICABLE ' Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. HELD OR ACQUIRED BY FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____ NAME AND ADDRESS DESCRIPTION (Check If Filer's Home Address) IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE NET GAIN ☐ NET LOSS HELD OR ACQUIRED BY ☐ FILER ☐ SPOUSE DEPENDENT CHILD ____ NAME AND ADDRESS DESCRIPTION (Check If Filer's Home Address) IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000~\$9,999 ☐ \$10,000~\$24,999 ☐ \$25,000~OR MORE NET GAIN ☐ NET LOSS HELD OR ACQUIRED BY ☐ FILER ☐ SPOUSE DEPENDENT CHILD ____ NAME AND ADDRESS DESCRIPTION (Check if Filer's Home Address) IF SOLD ☐ LESS THAN \$5,000 ☐ \$5.000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET GAIN NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
GIFTS		,		PART 8
NOTAPPLICABLE				
Identify any person or organi describe the gift. The descrip include a statement of the va registered as a lobbyist unde 3) gifts given by a person rela see FORM PFS-INSTRUCT	otion of a gift of cash of alue of the gift. Do not er chapter 305 of the ated to the recipient v TON GUIDE.	or a cash equivalent, such a include: 1) expenditures re Government Code; 2) politi vithin the second degree by	s a negotiable instrument quired to be reported by a cal contributions reported consanguinity or affinity.	t or gift certificate, must a person required to be d as required by law; or For more information,
When reporting information providing the number under	which the child is list	ed on the Cover Sheet.		you are reporting by
DONOR		NAN	E AND ADDRESS	
2				
RECIPIENT	FILER	☐ SPOUSE	☐ DEPENDENT CH	IILD <u>·</u>
3 DESCRIPTION OF GIFT			_	
DONOR		NAM	IÉ AND ADDRESS	
DONOR		NAA	IE AND ADDRESS	
DONOR	☐ FILER		E AND ADDRESS	11LD
	. [] FILER			#LD
RECIPIENT DESCRIPTION OF GIFT	[] FILER	☐ SPOUSE		HLD
RECIPIENT	☐ FILER	☐ SPOUSE	DEPENDENT CH	HLD
RECIPIENT DESCRIPTION OF GIFT	FILER	☐ SPOUSE	DEPENDENT CH	
RECIPIENT DESCRIPTION OF GIFT DONOR		☐ SPOUSE	DEPENDENT CH	

(TDD 1-800-735-2989)

(512) 463-5800

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TRUST INCOME					PART 9
X NOTAPPLICABLE					
Identify each source of inco category of the amount of i than \$500 in income, if the When reporting informatio providing the number under	ncome received. Als identity of the asset in an about a depende	o identify ea s known. Fo nt child's ac	ch asset of the trus r more information, ctivity, indicate the	t from which the bene see FORM PFS-IN	eficiary received <i>more</i> STRUCTION GUIDE.
1 SOURCE		-	NAME C	OF TRUST	
2 BENEFICIARY	FILER	1	SPOUSE	DEPENDENT C	CHILD
3 INCOME	LESS	THAN \$5,000	\$5,000 -\$ 9,999	\$10,000\$24,9 9 9	\$25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECE	VED				
☐ UNKNOWN					
SOURCE			NAME C	OF TRUST	
BENEFICIARY	☐ FILER	1	SPOUSE	DEPENDENT (CHILD
INCOME	LESS	THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEI	VED			· · · · ·	
☐ UNKNOWN					
SOURCE			NAME C	OF TRUST	
BENEFICIARY	☐ FILER	1	SPOUSE	DEPENDENT (CHILD
INCOME	LESS	THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEI	VED				

Texas Ethics Commission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) <u>463</u> -5800	(TDD 1-800-735-2989)
BLIND TRUSTS					PART 10A
x NOTAPPLICABLE				· 	·
Identify each blind trust that GUIDE.	complies with section	n 572.023 (d	c) of the Governme	nt Code. See FORM	PFS-INSTRUCTION
When reporting information providing the number under	n about a depender which the child is lis	it child's acted on the (ctivity, indicate the Cover Sheet.	child about whom	you are reporting by
1 NAME OF TRUST			<u>-</u>		
² TRUSTEE			NAME AN	D ADDRESS	
3 BENEFICIARY	☐ FILER		SPOUSE	DEPENDENT (CHILD
4 FAIR MARKET VALUE	LESS	HAN \$5,000	\$5.000\$9,999	510,000-\$24,999	\$25,000-OR MORE
DATE CREATED			· 		
NAME OF TRUST					
TRUSTEE			NAME AF	ID ADDRESS	
BENEFICIARY	☐ FILER		SPOUSE	DEPENDENT	CHILD
FAIR MARKET VALUE	LESST	HAN \$5,000	\$5,000 -\$ 9,999	☐ \$10,000~\$24,999	\$25,000-OR MORE
DATE CREATED					
NAME OF TRUST					
TRUSTEE			NAME AN	ID ADDRESS	
BENEFICIARY	FILER		SPOUSE	DEPENDENT (CHILD
FAIR MARKET VALUE	LESST	HAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000OR MORE
DATE CREATED					
	DDV AND ATTACK	A A D D I T I C	MAI BACES AS	MECERCARY	

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TRUSTEE STATEMENT

PART 10B

X NOTAPPLICABI	3LE	ICAE	APPL	NOT	Ιχ ¹	
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An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

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

§ 572.023. Contents of Financial Statement in General

- (b) The account of financial activity consists of:
 - (8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;
 - (14) identification of each blind trust that complies with Subsection (c), including:
 - (A) the category of the fair market value of the trust;
 - (B) the date the trust was created:
 - (C) the name and address of the trustee; and
 - (D) a statement signed by the trustee, under penalty of perjury, stating that:
 - (i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and
 - (ii) to the best of the trustee's knowledge, the trust complies with this section.
- (c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:
 - (1) the trustee:
 - (A) is a disinterested party;
 - (B) is not the individual;
 - (C) is not required to register as a lobbyist under Chapter 305;
 - (D) is not a public officer or public employee; and
 - (E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and
 - (2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.
- (d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

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ASSETS OF BUSINESS ASSOCIATIONS

NOTAPPLICABLE

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

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

providing the number unde	THIRD THE OFFICE IS NOT			
¹ BUSINESS ASSOCIATION			ADDRESS er's Home Address)	
² BUSINESS TYPE				
3 HELD, ACQUIRED, OR SOLD BY	FILER	☐ SPOUSE	☐ DEPENDENT	CHILD —
4 ASSETS	DESC	CRIPTION	CATE	GORY
AGGLIG			LESS THAN \$5,000	55,000-\$9,999
			\$10,000\$24,999	☐ \$25,000-OR MORE
			1	
			LESS THAN \$5,000	\$5,000-\$9,999
			\$10,000-\$24,999	☐ \$25,000-OR MORE
			1	• • • • • • • • • • • • • • • • • • • •
			LESS THAN \$5,000	\$5,000\$9,999
			\$10.000-\$24,999	☐ \$25,000OR MORE
		• • • • • • • • • • • • • • • • • • • •	1	
			LESS THAN \$5,000	\$5,000-\$9,998
			\$10,000-\$24,999	■ \$25,000OR MORE
				• • • • • • • • • • • • • • • • • • • •
			LESS THAN \$5,000	\$5,000\$9,999
			 \$10,000-\$24,999	\$25,000-OR MORE
			1	
			LESS THAN \$5,000	\$5,600~\$9,999
			\$10,000-\$24,999	■ \$25,000-OR MORE
		· · · · · · · · · · · · · · · · · · ·	1	
			LESS THAN \$5,000	\$5,000-\$9,999
			\$10,000 -\$24,99 9	☐ \$25,000OR MORE
	· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	[
			LESS THAN \$5,000	\$5,000-\$9.999
		•	\$10,000—\$24,999	\$25,000-OR MORE
	ODV AND ATTACU		AC NECESSARY	

LIABILITIES OF BUSINESS ASSOCIATIONS IN NOTAPPLICABLE

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.

1 BUSINESS ASSOCIATION		NAME AND (Check If File	ADDRESS ir's Home Address)	
² BUSINESS TYPE				
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER	. SPOUSE	DEPENDENT	CHILD ——
4 LIABILITIES		DESCRIPTION	CATE LESS THAN \$5,000	GORY \$5,000-\$9,999
		· · · · · · · · · · · · · · · · · · ·		□ \$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	\$25,000OR MORE
	i		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
	-	ACH ADDITIONAL BAGES	\$10,000\$24,999	\$25,000OR MORE

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

BOARDS AND E	XECUTIVE PO	JOHONO	PART 12
NOTAPPLICABLE			
your spouse, or a depende ships, professional corporat	int child hold in corpora tions, professional asso	ations, firms, partnerships, lociations, joint ventures, oth	e a member and all executive positions you, limited partnerships, limited liability partner- er business associations, or proprietorships, on, see FORM PFS-INSTRUCTION GUIDE.
When reporting information providing the number under	n about a dependent rwhich the child is liste	child's activity, indicate the cover Sheet.	ne child about whom you are reporting by
1 ORGANIZATION	Rainforest Partnersh	nip, Inc.	
2 POSITION HELD	Executive Director		
3 POSITION HELD BY	FILER	X SPOUSE	DEPENDENT CHILD
ORGANIZATION	Asian & Pacific Island	er American Health Forum	
POSITION HELD	Member, Board of D	irectors	
POSITION HELD BY	FILER	X SPOUSE	DEPENDENT CHILD
ORGANIZATION	Texas Municipal Le	ague	
ORGANIZATION POSITION HELD	Texas Municipal Le Board Member, Bo		•
•	·		DEPENDENT CHILD
POSITION HELD	Board Member, Bo	ard of Directors	
POSITION HELD BY	Board Member, Bo FILER National League of	ard of Directors	tructure Committee
POSITION HELD BY ORGANIZATION	Board Member, Bo FILER National League of	SPOUSE Cities, Transportation Infras	tructure Committee
POSITION HELD BY ORGANIZATION POSITION HELD	Board Member, Bo X FILER National League of Member, Steering	SPOUSE Cities, Transportation Infras Committee & Policy Commit	tructure Committee
POSITION HELD BY ORGANIZATION POSITION HELD POSITION HELD BY	Board Member, Bo FILER National League of Member, Steering X FILER	SPOUSE Cities, Transportation Infrast Committee & Policy Commit	tructure Committee
POSITION HELD BY ORGANIZATION POSITION HELD POSITION HELD BY ORGANIZATION	Board Member, Bo X FILER National League of Member, Steering X FILER Lone Star Rail Dist	SPOUSE Cities, Transportation Infrast Committee & Policy Commit	tructure Committee

AMOUNT

Texas Ethics Commission P.O. E	3ox 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
EXPENSES ACCEPT	ED UNI	DER HONORARIUM	EXCEPTIO	N PART 13
X NOTAPPLICABLE	_	·		
Identify any person who provided y of the Penal Code, in connection w audience or participating in a semi transportation, meals, or lodging. You a campaign finance report, or ex Government Code). For more infor	ith a confere inar, that we fou are not re cpenditures i	nce or similar event in which you re more than perfunctory. Also p equired to include items you have required to be reported by a lobb	rendered services, so provide the amount of a already reported as yist under the lobby li	such as addressing an of the expenditures on political contributions
1		NAME AN	DADORESS	
PROVIDER				
² AMOUNT				
		NAME AN	DADDRESS	
PROVIDER		•		
			•	
		•		
ANGUINT				
AMOUNT				
	<u> </u>			
PDOMBED.		NAME AN	DADDRESS	
PROVIDER	ĺ			
		•		
AAAOUNT	_			
AMOUNT				
		1) 41/5 41/6	- Consect	
PROVIDER		NAME AN	DADDRESS	
,				

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)	
INTEREST IN BUSI	INESS IN CO	OMMON WITH L	OBBYIST	PART 14	
x NOTAPPLICABLE					
Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS—INSTRUCTION GUIDE.					
1 BUSINESS ENTITY		NAME A	AND ADDRESS		
² INTEREST HELD BY	☐ FILER	☐ SPOUSE	DEPENDENT CHIL	D	
BUSINESS ENTITY		NAME /	and address		
INTEREST HELD BY	FILER	☐ SPOUSE	DEPENDENT CHIL		
BUSINESS ENTITY		NAME /	ND ADDRESS		
BUSINESS ENTITY INTEREST HELD BY	.	NAME A	ND ADDRESS	o	
	. FILER	SPOUSE		D	
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHIL	·	
INTEREST HELD BY BUSINESS ENTITY		SPOUSE NAME A	DEPENDENT CHIL		

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Austin, Texas 78711-2070

FEES RECEIVED FOR SERVICES RENDERED

PART 15

(TDD 1-800-735-2989)

TO A LOBBYIST 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 relmburses 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.				
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	S10,000\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000~\$24,999	☐ \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	☐ \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	S10,000-\$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
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

X NOTAPPLICABLE

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

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

1 STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	☐ \$25,000—OR MORE
STATE AGENCY				
PERSON REPRESENTED				
PERSON REPRESENTED FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	
	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	□ \$25,000-OR MORE
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	□ \$25,000-OR MORE
FEE CATEGORY STATE AGENCY	LESS THAN \$5,000			□ \$25,000-OR MORE □ \$25,000-OR MORE

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

X NOTAPPLICABLE

Section 38.10 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 COURCE OF DENSET	NAME AND ADDRESS
SOURCE OF BENEFIT	
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BENEFIT	
BENEFII	
	NAME AND ADDRESS
SOURCE OF BENEFIT	
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BENEFIT	
	NAME AND ADDRESS
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
	NAME AND ADDRESS
SOURCE OF BENEFIT	MARIE AND ADDINGS
	
BENEFIT	
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/27/2011

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

□-YES

GRANTED?

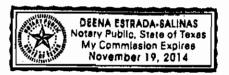
www.ethics.stete.tx.us

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

P.O. Box 12070

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

> I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2011, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Sournam, this the 10th , 20 13 , to certify which, witness my hand and seal of office.

Signature of officer administering oath