PERSON	AL FINANCIAL STATEMENT	<b>FORM</b>	PFS	S-LOC	AL
	9213		CC	VER SH	IEET GE 1
For filings req	in accordance with chapter 572 of the Government Code. Juired in 2018, covering calendar year ending December 31, 2017. RM PFSINSTRUCTION GUIDE when completing this form.	TOTAL NUMB	ER OF PAGE		
1 NAME	TITLE; FIRST; MI	-	FEICE	JSE ONLY	
IVAIVIE	SARAH	Date Receive			<u> </u>
	NICKNAME; LAST; SUFFIX		-	2018	끝
	ECKHARDT		:	<u>::</u>	ED
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	1	•	2	FO
			•		FILED FOR RECORD
		Data Handida		te Postinarked	0
			: Stranger of the	ப	)A
		Receipt #		Amouni C\$1	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION	Date Process	sed		
		Date Imaged			
FOR FILING STATEMENT	GANDIDATE			(INDICATE	OFFICE)
	ELECTED OFFICER TRAVIS COUNTY JUDGE	<u>-</u>		(INDICATE	: OFFICE)
	OTHER			(INDICATE P	OSITION)
5 Family members wh	ose financial activity you are reporting (see instructions).		_		
SPOUSE					
DEPENDENT C	HILD 1				
DE, E. (DE, VI)					
	2				· · ·
	3				
	18, you will disclose your financial activity during the preceding calendar not only your own financial activity, but also that of your spouse or a dependence COPY AND ATTACH ADDITIONAL PAGES AS N	ent child (se	e instruc		ou are

#### PERSONAL FINANCIAL STATEMENT

COVER SHEET PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6	PARTS N	NOT APPLICABLE TO FILER
	N/A	Part 1A - Sources of Occupational Income
	<b>✓</b> N/A	Part 1B - Retainers
	<b>✓</b> N/A	Part 2 - Stock
	<b>✓</b> N/A	Part 3 - Bonds, Notes & Other Commercial Paper
	☐ N/A	Part 4 - Mutual Funds
		Part 5 - Income from Interest, Dividends, Royalties & Rents
	N/A	Part 6 - Personal Notes and Lease Agreements
	N/A	Part 7A - Interests in Real Property
	<b>V</b> N/A	Part 7B - Interests in Business Entities
	<b>✓</b> N/A	Part 8 - Gifts
	<b>✓</b> N/A	Part 9 - Trust Income
	<b>✓</b> N/A	Part 10A - Blind Trusts
	✓ N/A	Part 10B - Trustee Statement
	✓ N/A	Part 11A - Assets of Business Associations
	✓ N/A	Part 11B - Liabilities of Business Associations
	☐ N/A	Part 12 - Boards and Executive Positions
	<b>✓</b> N/A	Part 13 - Expenses Accepted Under Honorarium Exception
	✓ N/A	Part 14 - Interest in Business in Common with Lobbyist
	<b>✓</b> N/A	Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	✓ N/A	Part 16 - Representation by Legislator Before State Agency
	<b>✓</b> N/A	Part 17 - Benefits Derived from Functions Honoring Public Servant
	✓ N/A	Part 18 - Legislative Continuances

SOURCES OF OCCU  If the requested information is not page in the report.			PART 1A e Cover Sheet, and do NOT include this
When reporting information about providing the number under which	t a dependent chethe child is listed	nild's activity, indicate to on the Cover Sheet.	the child about whom you are reporting by
1 INFORMATION RELATES TO	☑ FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT  EMPLOYED BYANOTHER	TRAVIS CO 700 LAVAC AUSTIN, TX	UNTY A, STE. 2.300	OF EMPLOYER / POSITION HELD
SELF-EMPLOYED	TRAVIS CC	NATURE O	DFOCCUPATION
INFORMATION RELATES TO	☐ FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT		NAME AND ADDRESS O	OF EMPLOYER / POSITION HELD
EMPLOYED BY ANOTHER			
SELF-EMPLOYED		NATURE	OF OCCUPATION
INFORMATION RELATES TO	☐ FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT		NAME AND ADDRESS O	F EMPLOYER / POSITION HELD
EMPLOYED BY ANOTHER			
SELF-EMPLOYED			OF OCCUPATION
COPY A	ND ATTACH A	DDITIONAL PAGES A	AS NECESSARY

#### **MUTUAL FUNDS**

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

providing the number under which the child is listed on the Cover Sheet.				
1 MUTUAL FUND	ARBVX	NA	ME	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	ILD
3 NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	0 100 TO 499	500 TO 999	1,000 TO 4,999
	5,000 TO 9,999	10,000 OR MOR	RE	
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000—\$24,999	\$25,000-OR MORE
MUTUAL FUND	PAXWX	NA	МЕ	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	LD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	VTI	N	AME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	☐ SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

MUTUAL FUNDS	PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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	BNDX	N/	AME	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	ILD
3 NUMBER OF SHARES OF MUTUAL FUND	©LESS THAN 100  5,000 TO 9,999	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	EMLC	N/	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	FNDA	N	AME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CH	LD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

providing the number under which the child is listed on the Cover Sheet.				
1 MUTUAL FUND	SCHH	N/	AME	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	ILD
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 TO 9,999	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	IAU	NA NA	AME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	LD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	SHYG	N	AME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<b>☑</b> FILER	SPOUSE	DEPENDENT CH	LD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

providing the number under which the child is listed on the Cover Sheet.					
1 MUTUAL FUND	SCHE	N/	AME		
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHI	ILD	
3 NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
MUTUAL FUND	FNDE	W	AME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	LD	
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
MUTUAL FUND	FNDF	N	· · ·		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD	
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

providing the number under which the child is listed on the Cover Sheet.				
1 MUTUAL FUND	FNDC	N/	AME	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	ILD
3 NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	FNDX	N	AME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	ild
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	SCHF	N	MAME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	ILD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, *and do NOT include this page in the report.* 

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.

providing the number under which the child is listed on the Cover Sheet.				
1 MUTUAL FUND	SCHC	NA	AME	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHI	
3 NUMBER OF SHARES OF MUTUAL FUND	©LESS THAN 100  5,000 TO 9,999	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	SCHX	NA NA	AME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	LD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100 05,000 TO 9,999	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	SCHA	<u> </u>	NAME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<b>☑</b> FiLER	SPOUSE	DEPENDENT CHI	ILD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 TO 9,999	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000—\$24,999	\$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

providing the number under which the	Child is listed on the C	over Sheet.		
1 MUTUAL FUND	EBND	N	AME	
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	ILD
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 TO 9,999	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	VNQI	N/	AME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CH	ILD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 TO 9,999	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
MUTUAL FUND	VTEB	N	IAME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

providing the number under which the child is listed on the Cover Sheet.					
1 MUTUAL FUND	HYLB	N/	AME		
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHI	ILD	
3 NUMBER OF SHARES OF MUTUAL FUND	©LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
MUTUAL FUND	T. ROWE PRICE 203		AME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHI	LD	
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
MUTUAL FUND		N.	AME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT** include this page in the report.

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

SOURCE OF INCOME Publicly held corporation	REAL PROPERTY 1001LORRAIN ST. AUSTIN, TX 78703	NAME AND ADDRESS		
<sup>2</sup> RECEIVED BY	FILER	SPOUSE DEPENDENT CHILD		
3 AMOUNT	\$500-\$4,999	\$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE		
SOURCE OF INCOME		NAME AND ADDRESS		
Publicly held corporation				
RECEIVED BY	FILER	SPOUSE DEPENDENT CHILD		
AMOUNT	\$500-\$4,999	\$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE		
COLIDOS OF INCOME		NAME AND ADDRESS		
SOURCE OF INCOME				
Publicly held corporation				
RECEIVED BY	FILER	SPOUSE DEPENDENT CHILD		
AMOUNT	\$500-\$4,999	\$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

#### PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

providing the number under which the child is listed on the Cover Sheet.				
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BANCORP SOUTH			
<sup>2</sup> LIABILITY OF	<b>☑</b> FILER	SPOUSE	DEPENDENT CHILD	
3 GUARANTOR				
4 AMOUNT	\$1,000-\$4,999	\$5,000-\$9,999	\$10,000-\$24,999  \$25,000-OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	FILER	SPOUSE	DEPENDENT CHILD	
GUARANTOR				
AMOUNT	\$1,000-\$4,999	\$5,000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	FILER	SPOUSE	DEPENDENT CHILD	
GUARANTOR				
AMOUNT	\$1,000-\$4,999	\$5,000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

#### **INTERESTS IN REAL PROPERTY**

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this** page in the report.

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.

providing the number under which the child is listed on the Cover Sheet.				
1 HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
2 STREETADDRESS  NOTAVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE			
DESCRIPTION  LOTS  ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 LOT  TRAVIS COUNTY			
A NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	BANCORP SOUTH			
F SOLD  NET GAIN  NET LOSS	OLESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE			
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
HELD OR ACQUIRED BY  STREET ADDRESS  NOTAVAILABLE	FILER SPOUSE DEPENDENT CHILD  STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE			
STREET ADDRESS				
STREET ADDRESS  NOTAVAILABLE  DESCRIPTION  LOTS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE			
STREET ADDRESS  NOTAVAILABLE  DESCRIPTION  LOTS  ACRES  NAMES OF PERSONS RETAINING AN INTEREST  NOTAPPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE			

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

1 ORGANIZATION	TRAVIS COUN	TY JUVENILE BD	
POSITION HELD	•	ret star participation	
<sup>3</sup> POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	TRAVIS COUN	ITY PURCHASING BD	
POSITION HELD			
POSITION HELD BY	✓ FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
	COPY AND A	ITACH ADDITIONAL PAGES AS	NECESSARY

**PART 12** 

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

1 ORGANIZATION	CAPITAL HEALTH FACILITIES DEVELOPMENT CORP		
<sup>2</sup> POSITION HELD	PRESIDENT		
3 POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	CAPITAL INDUS	TRIAL DEVELOPMENT CORP	
POSITION HELD	PRESIDENT		
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	CAPITAL CITY II	NNOVATION CORP	
POSITION HELD	EX OFFICIO		
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	TRAVIS COUNTY	Y DEVELOPMENT AUTHORITY	
POSITION HELD	PRESIDENT		
POSITION HELD BY	<b>☑</b> FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	TRAVIS COUNTY	Y CULTURAL EDUCATION FAC	ILITIES FINANCE CORP.
POSITION HELD	PRESIDENT		
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD
	COPY AND ATT	ACH ADDITIONAL PAGES AS	S NECESSARY

**PART 12** 

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

1 ORGANIZATION	CONFERENCE OF URBAN COUNTIES			
POSITION HELD	EXECUTIVE COMMITTEE - MEMBERSHIP CHAIR			
3 POSITION HELD BY	FILER SPOUSE DEPENDENT CHILD			
ORGANIZATION	CONFERENCE OF UR	BAN COUNTIES		
POSITION HELD	POLICY BOARD			
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	TRAVIS COUNTY BE	E CAVES ROAD DISTRICT		
POSITION HELD	PRESIDENT			
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	TRAVIS COUNTY HOUSING FINANCE CORPORATION			
POSITION HELD	PRESIDENT			
POSITION HELD BY	<b>☑</b> FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	TRAVIS COUNTY HEALTH FACILITIES CORP			
POSITION HELD	PRESIDENT			
POSITION HELD BY	<b>☑</b> FILER	SPOUSE	DEPENDENT CHILD	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report.

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.

1 ORGANIZATION	CAPITAL METROPOLITAN PLANNING ORGANIZATION			
<sup>2</sup> POSITION HELD				
3 POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	TEXAS FREEDOM NETWO	ORK		
POSITION HELD				
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	CAPITAL AREA COUNCI	L OF GOVERNMENTS		
POSITION HELD	EXECUTIVE COMMITTEE	EXECUTIVE COMMITTEE		
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	CLEAN AIR COALITION			
POSITION HELD	CHAIR			
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	BAIL BOND BOARD			
POSITION HELD				
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

PERSONAL FINANCIAL S	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, 2017 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 SARAH ECKHARD this the 12 day of FERRUARY 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

JOE HON

NOTARY PUBLIC

Printed name of officer administering oath

Title of officer administering oath

Note: A PFS filed with	AL FINANCIA the Texas Ethics Commission mustor individuals appointed to office	st be filed electronic	állv.	00	S-LOCAL OVER SHEET PAGE 1
For filings requ	in accordance with chapter uired in 2019, covering cale BM PFSINSTRUCTION GU	ndar year ending	December 31, 2018.	TOTAL NUMBER OF PAGE	ES ELED:
1 NAME	TITLE: FIRST: MI		<u> </u>		9398
. NAME	JAR	(A.k.)		OFFICE Date Received	USE ONLY
	NICKNAME; LAST; SUFFIX			Date neceived	
'		HARDT		- # %:-	TELED TO A STORY
<sup>2</sup> ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE			
				62-15 9-15	FOH R
				Date Hand-dolivored or Da	
				Receipt # X	Amount \$
<sup>3</sup> TELEPHONE	AREA CODE PHONE N	UMBER; EXTENSION		Date Processed	
NUMBER				Date Imaged	<u>.                                    </u>
4 REASON FOR FILING STATEMENT	CANDIDATE			r	(INDICAȚE OFFICE)
	ELECTED OFFICER 7	BAVIS (	COUNTY JUD	GE	(INDICATE OFFICE)
	□ отне <b>в</b>				. :
					_ (INDICATE POSITION)
			l i		. •
5 Family members who	ose financial activity you are repor	ting (see instruction	s).		
SPOUSE		_			
DEPENDENT C	HILD 1				
	2			· · ·	
	3				*
	·	•	 		•
	· ,	<del> </del>	 	<u></u>	<u> </u>
required to disclose n	8, you will disclose your fina not only your own financial acti	vity, but also that o	f your spouse or a depender	nt child (see instruct	ough 14, you are ions).
	COPY AND ATTAC	H ADDITIO	NAL PAGES AS NI	ECESSARY	. •
				An.	in of 15

PERSONAL FINANCIAL STATEMENT	COVER SHEET PAGE 2
On this page, indicate any Parts of Form PFS that are not appages for that Part must be included in the report. If you plane Part in the report.	oplicable to you. If you do not place a check in a box, then ace a check in a box, do NOT include pages for that
6 PARTS NOT APPLICABLE TO FILER	
N/A Part 1A - Sources of Occupational Income	
N/A Part 1B - Retainers	
N/A Part 2 - Stock	
N/A Part 3 - Bonds, Notes, & Other Commercial	Paper
N/A Part 4 - Mutual Funds	· · · · · · · · · · · · · · · · · · ·
N/A Part 5 - Income from Interest, Dividends, R	oyalties & Rents
N/A Part 6 - Personal Notes and Lease Agreem	ents
N/A Part 7A - Interests in Real Property	
N/A Part 7B - Interests in Business Entities	
N/A Part 8 - Gifts	
N/A Part 9 - Trust Income	
N/A Part 10A - Blind Trusts	
N/A Part 10B - Trustee Statement	
N/A Part 11A - Ownership of Business Associat	ions
N/A Part 11B - Assets of Business Associations	
N/A Part 11C - Liabilities of Business Association	ons .
N/A Part 12 - Boards and Executive Positions	
N/A Part 13 - Expenses Accepted Under Honor	arium Exception
N/A Part 14 - Interest in Business in Common v	vith Lobbyist
N/A Part 15 - Fees Received for Services Rend	ered to a Lobbyist or Lobbyist's Employer
N/A Part 16 - Representation by Legislator Befo	ore State Agency
N/A Part 17 - Benefits Derived from Functions I	lonoring Public Servant
N/A Part 18 - Legislative Continuances	
N/A Part 19 - Contracts with Governmental Ent	ty
N/A Part 20 - Bond Counsel Services Provided	-
	Page 2 of 15

 $! = \iota$ 

! ! !	UPATIONAL INCOME  ot applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this			
providing the number under wh	out a dependent child's activity, indicate the child about whom you are reporting by ch the child is listed on the Cover Sheet.			
1 INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD			
<sup>2</sup> EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD (Check If Filer's Home Address)			
○ EMPLOYED BY ANOTHE	TRAVIS COUNTY  FOO LAVACA ST.  AUS. TX 78701			
	HWO-, IX POPUL			
SELF-EMPLOYED	TRANS COUNTY JUDGE			
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  (Check If Filer's Home Address)			
EMPLOYED BY ANOTH				
SELF-EMPLOYED	NATURE OF OCCUPATION			
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  , (Check If Filer's Home Address)			
EMPLOYED BY ANOTH				
SELF-EMPLOYED	NATURE OF OCCUPATION  Page 3 of 15			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

 $\mathbf{1}$ 

MUTUAL FUNDS		PART 4		
If the requested information is not include this page in the report.	t applicable, indicate	that on Page 2 of the Cover Sheet, and do NOT		
acquired during the calendar year and some or all of the shares of a mutual fu from the sale. For more information, s	I indicate the category of and were sold, also indice ee FORM PFSINSTRU ependent child's activity	y, indicate the child about whom you are reporting by		
1 MUTUAL FUND	, , , , , , , , , , , , , , , , , , , ,	. NAME		
		SHYG		
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD		
3 NUMBER OF SHARES	OLESS THAN 100	√ 100 TO 499		
OF MUTUAL FUND	O5,000 TO 9,999	O10,000 OR MORE		
4 IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	S5,000-\$9,999 S10,000-\$24,999 S25,000-OR MORE		
MUTUAL FUND		SCHE		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUŠE DEPENDENT CHILD		
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 (11 10 1) 5,000 TO 9,999	100 TO 499		
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999		
MUTUAL FUND		FNDE Entre Sign		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD		
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 TO 9,999	100 TO 499 01,000 TO 4,999		
IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	S5;000-\$9;999 S10,000-\$24,999 S25,000-OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY - Page 4 of 15				

<b>MUTUAL FUNDS</b>	.	PART 4
If the requested information is not	applicable, indicate	that on Page 2 of the Cover Sheet, and do NOT
include this page in the report.		
acquired during the calendar year and some or all of the shares, of a mutual fur from the sale. For more information, se	indicate the category on nd were sold, also indic se FORM PFS-INSTRU	
providing the number under which the	child is listed on the Co	, indicate the child about whom you are reporting by ver Sheet.
1 अभिनेता प्रतास्त्र के क्षेत्र के क्ष	to tipher a	ì
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	MELERY SERVE	SROUSE PORTURE DEPENDENT CHILD
3 NUMBER OF SHARES :	<del></del>	1,000 TO 4,999 O TO 999 O 1,000 TO 4,999
ode code code 11 & code one	5,000 TO 9,999	010,000 OR MORE
4 IF SOLD OF TOTAL STREET LOSS	OLESS THAN \$5,000	\$5,000-\$9,999 \$10,000-\$24,999 \$25,000OR MORE
MUTUAL FUND	<b>}</b>	HAA
SHARES OF MUTUAL FUND	是為於	SPOUSE DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND  ATT THE BUILT OF A TOTAL ASSESSMENT  OF MUTUAL FUND  OF MUTUA	LESS THAN 100 5;000 πÖ 9,999	
IF SOLD ONET GAIN ONET LOSS	OLESS THAN \$5,000	S5,000-\$9,999 S10,000-\$24,999 \$25,000-OR MORE
MUTUAL FÜND her vog kradt by	CHE YOUR VAN	ECX VECTORS
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE: DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499 500 TO 999 1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$55,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
COP	Y AND ATTACH ADDITI	ONAL PAGES AS NECESSARY Page 5 of 15

#### **MUTUAL FUNDS** If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report. Recources 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 houand BNDX 2 SHARES OF MUTUAL FUND DEPENDENT CHILD \_ ☐ SPOUSE FILER HELD OR ACQUIRED BY 1,000 TO 4,999 LESS THAN 100 100 TO 499 3 NUMBER OF SHARES OF MUTUAL FUND 10,000 OR MORE )5,000 TO 9,999 4 IF SOLD **NET GAIN** \$5,000-\$9,999 \$10,000--\$24,999 ( ) \$25,000--OR MORE LESS THAN \$5,000 NET LOSS NAME MUTUAL FUND IAU SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD \_\_\_\_\_ HELD OR ACQUIRED BY **)** 500 TO 999 1,000 TO 4,999 (×)100 TO 499 LESS THAN 100 · · · NUMBER OF SHARES OF MUTUAL FUND (s 10,000 OR MORE 5,000 TO 9,999 NET GAIN IF SOLD ) \$25,000-OR MORE **)**\$10,000-\$24,999 *(* ) LESS THAN \$5,000 **NET LOSS MUTUAL FUND** NAME PAXWX SHARES OF MUTUAL FUND DEPENDENT CHILD \_\_\_ FILER SPOUSE

Forms provided by Texas Ethics Commission

**NET GAIN** 

**NET LOSS** 

HELD OR ACQUIRED BY

NUMBER OF SHARES OF MUTUAL FUND

IF SOLD

Revised 1/14/2019

1,000 TO 4,999

\$25,000--OR MORE

(V)500 TO 999

**)**\$10,000--\$24,999 *(* 

100 TO 499

10,000 OR MORE

\$5,000-\$9,999

LESS THAN 100

5.000 TO 9.999

ESS THAN \$5,000

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS  If the requested information is no include this page in the report.	` '	PART <b>4</b> that on Page 2 of the Cover Sheet, <i>and do NOT</i>
acquired during the calendar year and some or all of the shares of a mutual from the sale. For more information, s	d indicate the category ound we're sold, also indicate FORM PFSINSTR	
providing the number under which the	child is listed on the Co	t contract the second s
1 MUTUAL FUND	7.	ROWE PRICE 2030 FUND
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD
3 NUMBER OF SHARES OF MUTUAL FUND	OLESS THAN 100	100 TO 499 500 TO 999 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	
MUTUAL FUND	,	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 TO 9,999	100 TO 499 (1) 500 TO 999 1 (1) 1,000 TO 4,999
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,000	\$5,000-\$9,999
MUTUAL FUND		NAME
MUTUAL FUND  SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE PLI (IN DEPENDENT CHILD
SHARES OF MUTUAL FUND	LESS THAN 100	i : !
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY  UNUMBER OF SHARES	OLESS THAN 100	SPOUSE (INDEPENDENT CHILD

INCOME EDONA IN	TEDEO= -:	
HACOINE LEGININ	TEREST, DIVIE	DENDS, ROYALTIES & RENTS PART 5
in the requested information	is not applicable inc	dicate that on Page 2 of the Cover Sheet, and do NOT
include this page in the re	eport.	o a si uno obtor choct, and do NO
List each source of income you	, your spouse, or a dep	endent child received in excess of \$500 that was derived from
more information, see FORM PF	SINSTRUCTION GUIF	endent child received <i>in excess of \$500</i> that was derived from dar year and indicate the category of the amount of the income. For
1 1		· <del></del> '
providing the number under whi	ch the child is listed on	activity, indicate the child about whom you are reporting by the Cover Sheet.
SOURCE OF INCOME		NAME AND ADDRESS
	More	
Publicly held corporation	4	
·	7	
2_	<del></del>	
REGEIVED BY		
	FILER	SPOUSE DEPENDENT CHILD
3 AMOUNT		
AMOON	\$500\$4,999	\$5,000-\$9,999 (V)\$10,000-\$24,999 ()\$25,000-OR MORE
		\$25,000=OR INORE
0011005 05 000		NAME AND ACCOUNTS
SOURCE OF INCOME	· ·	NAME AND ADDRESS
Publicly held corporation		
remary field corporation		
RECEIVED BY	<del></del>	
, KEGELVED B1	F-7 =	
	FILER	SPOUSE DEPENDENT CHILD
AMOUNT		
	\$500\$4,999	\$5,000-\$9,999 \$10,000-\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND ADDRESS
<u> </u>		
Publicly held corporation		
<u> </u>	<del></del>	
RECEIVED BY		
: 1	FILER	SPOUSE DEPENDENT CHILD
		DEFENDENT CHILD
AMOUNT	\$500-\$4,999	\$5,000, \$9,000, \$0,000, \$1,000
· ·		\$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY A	ND ATTACH ADDITI	IONAL PAGES AS NECESSARY Page 8 25 15

PERSONAL NOTES	AND LEASE A	GREEMENTS PART 6
If the requested information in include this page in the rep	s not appl <mark>i</mark> cable, indica po <i>rt.</i>	te that on Page 2 of the Cover Sheet, and do NOT
Identify each guarantor of a lo a dependent child had a total fina agreement at any time during the tion, see FORM PFS-INSTRUCTI	pan and each person or encial liability of more that calendar year and indica ON GUIDE. t a dependent child's acti	financial institution to whom you, your spouse, or s1,000 in the form of a personal note or notes or lease te the category of the amount of the liability. For more informativity, indicate the child about whom you are reporting by Cover Sheet.
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BANCORP	SOUTH
<sup>2</sup> LIABILITY OF	FILER	SPOUSE DEPENDENT CHILD
3 GUARANTOR		
4 AMOUNT	\$1,000-\$4,999	\$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT		
LIABILITY OF	FILER	I SPOUSE DEPENDENT CHILD
GUARANTOR	,	
AMOUNT	\$1,000\$4,999	\$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT		
LIABILITY OF :	FILER	SPOUSE DEPENDENT CHILD
GUARANTOR		
; AMOUNT	\$1,000\$4,999	\$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
СОРУ	AND ATTACH ADDITE	ONAL PAGES AS NECESSARY Page 9 of 15

INTERESTS IN REA	L PROPERTY		PART <b>7.</b>
If the requested information is no page in the report.	ot applicable, indicate that	on Page 2 of the C	PART TA Cover Sheet, and do NOT include this
Describe all beneficial interests i calendar year. If the interest was a For an explanation of "beneficia INSTRUCTION GUIDE.	n real property held or acc sold, also indicate the categ I interest and other speci	quired by you, your jory of the amount of ific directions for co	spouse, or a dependent child during the fithe net gain or loss realized from the sale ompleting this section, see FORM PFS
When, reporting information abo providing the number under which	ut a dependent child's ad the child is listed on the C	tivity, indicate the over Sheet.	child about whom you are reporting by
1 HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD
2 STREETADDRESS	S S	STREET ADDRESS, INCLUDING	
3-DESCRIPTION	-NUMBER	ROPLOTS OF ACRES AND N	AME OF COUNTY WHERE LOCATED
LOTS	I LOT TRAVIS COUI		AME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	BANCORP	SOUTH	
F SOLD  NET GAIN  NET LOSS	CLESS 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)	STF	REET ADDRESS, INCLUDING (	CITY, COUNTY, AND STATE
DESCRIPTION OLOTS ACRES	NUMBER	OF LOTS OR ACRES AND NAM	ME OF COUNTY WHERE LOCATED .
NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)			
IF SOLD ONET GAIN ONET LOSS	LESS THAN \$5,000	\$5,000\$9,999	)\$10,000\$24,999
COPY AI	ND ATTACH ADDITIONA	AL PAGES AS N	ECESSARY Page 10 of 15

BOARDS AND	EXECUTIVE POSIT	IONS PART 12
	-1	ate that on Page 2 of the Cover Sheet, and do NOT
include this page in t	<del></del>	m to the record to the set
your spouse, or a depended ships, professional corporal stating the name of the org	ent child hold in corporations fin itions, professional associations anization and the position held.	dependent child are a member and all executive positions you, rms, partnerships, limited partnerships, limited liability partnerships, limit ventures, other business associations, or proprietorships, For more information, see FORM PES-INSTRUCTION GUIDE.
When reporting information providing the number under	in about a dependent child's ac r which the child is listed on the	tivity indicate the child about whom you are reporting by Cover Sheet.
<sup>1</sup> ORGANIZATION	,	WITH THVENTLE BOARD
<sup>2</sup> POSITION HELD	EX OFF	CLO SECURIOR MARKED CONT.
POSITION HELD BY	FILER [	SPOUSE DEPENDENT CHILD
ORGANIZATION		HEALTH FACILITIES BEV. CORP.
POSITION HELD	PRESIDEN	IT.
POSITION HELD BY	FILER	SPOUSE DEPENDENT CHILD
ORGANIZATION	CAPITAL C	ITY INNOVATION CORP
POSITION HELD	EX OFFIC	· ·
POSITION HELD BY	FILER	SPOUSE DEPENDENT CHILD
ORGANIZATION		PUNTY DEV. AUTH.
POSITION HELD	PRESIDEN	
POSITION HELD BY	FILER [	SPOUSE DEPÉNDENT CHILD
ORGANIZATION	TRAVIS C	OUNTY CULTURAL ED. FAC. FIN. CORP.
POSITION HELD	PRESIDE	The second of th
POSITION HELD BY	_	SPOUSE DEPENDENT CHILD
	COPY AND ATTACH ADDIT	ONAL PAGES AS NECESSARY Page 11 of 15

Revised 1/14/2019

If the requested inform	ation is not applicat		PART <b>12</b> Page 2 of the Cover Sheet, <i>and do NOT</i>
ships, professional corpora stating the name of the organization	of which you, your sporent child hold in corporations, professional assanization and the position about a dependent of	rations, firms, partners sociations, joint venture tion held. For more info child's activity indicate	child are a member and all executive positions you, hips, limited partnerships, limited liability partnerss, other business associations, or proprietorships, ormation, see FORM PFSINSTRUCTION GUIDE.  the child about whom you are reporting by
1 ORGANIZATION			URBAN COUNTIES
<sup>2</sup> POSITION HELD		IRMAN ELE	
<sup>3</sup> POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	TRA	INIS COUNTY T	BEE CAVE RD. DIST.
POSITION HELD	PRE	SIDENT	
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	TRA	113 COUNTY HOL	USING FIN. CORP.
ORGANIZATION POSITION HELD	<del>,</del>	SIDENT	USING FIN. CORP.
	<del>,</del>		USING FIN. CORP.
POSITION HELD	PRE	SI DENT SPOUSE	
POSITION HELD POSITION HELD BY	PRE  I FILER  TRAV	SI DENT SPOUSE	DEPENDENT CHILD
POSITION HELD POSITION HELD BY ORGANIZATION	PRE  I FILER  TRAV	SIDENT SPOUSE	DEPENDENT CHILD
POSITION HELD BY  ORGANIZATION  POSITION HELD	PRE  TRAV  PRES  FILER	SIDENT  SPOUSE  IS COUNTY HE  IDENT  SPOUSE	DEPENDENT CHILD
POSITION HELD BY  ORGANIZATION  POSITION HELD  POSITION HELD BY	PRE  TRAV  PRES  FILER	SIDENT  SPOUSE  IS COUNTY HE  IDENT  SPOUSE	DEPENDENT CHILD
POSITION HELD BY  ORGANIZATION  POSITION HELD BY  ORGANIZATION  ORGANIZATION	PRE  TRAV  PRES  FILER	SIDENT  SPOUSE  IS COUNTY HE  IDENT  SPOUSE	DEPENDENT CHILD

include this page in	the report.	PPiicable, India	PART 12 afte that on Page 2 of the Cover Sheet, and do NOT
List all boards of director	s of which god,	Our spouse or	done de la contraction de la c
ships, professional corpo	dent child hold ir	corporations, fi	dependent child are a member and all executive positions yourns, partnerships, limited partnerships, limited liability partner- joint ventures, other business associations, or proprietorships, For more information, see FORM PFS—INSTRUCTION CHIPS.
stating the name of the or	ganization and H	inal associations	joint ventures, other business associations, and liability partner-
When reporting informati	on about a dene	ndont at true and	For more information, see FORM PFS-INSTRUCTION GUIDE.  With Indicate the child about whom you are reporting by  Cover Sheet.
providing the number und	ler which the chil	d is listed on the	vity indicate the child about whom you are reporting by
1 ORGANIZATION	#17 C1 . S J. J.	tour equipal	pover Sheet.
ONGANIZATION	SDF	TEXAS F	REEDOM NETWORK
2	<del>,                                    </del>		PEDDIN NEIWORK
POSITION HELD	1, 1, 5		1 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
3		•• •	the state of the s
POSITION-HELD-BY-	FILER	र्यक्तां क्षित प्र	
	- 3/ (s) ·	<u>وي</u> د المرادي	SPOUSE DEPENDENT CHILD
ORGANIZATION	9 30 00 50		1
ORGANIZATION		CLEAN A	Constitute describe
			IR COALITION.
POSITION HELD		a 1.4 . D	
	) يا جي و اشد ادا ادا ادا ادا ادا ادا ادا ادا ادا	CHAIR	e in the second of
POSITION HELD BY	FILER	/	100
<del></del>	L TITLER		SPOUSE DEPENDENT CHILD
ODCANIZATION		A. Sec. a	
ORGANIZATION	Ŧ	- i	AT TO A ST
	×		ND BOARD
POSITION HELD	*		
		<u> </u>	
POSITION HELD BY	FILER		1 martin to the straight of the
	<u></u>	'# - [:] \$ 	POUSE: DEPENDENT CHILD
ORGANIZATION	THE PERSON NAMED IN	ez :	
	<u> </u>		
2001710			
POSITION HELD		<i>,</i>	
•			
OSITION HELD BY	FILER		OOLOG .
OSITION HELD BY	FILER	SF	POUSE DEPENDENT CHILD
	FILER	SF	POUSE DEPENDENT CHILD
	FILER	SF	POUSE DEPENDENT CHILD
RGANIZATION	FILER	SF	POUSE DEPENDENT CHILD
RGANIZATION	FILER	SF	POUSE DEPENDENT CHILD
POSITION HELD BY  PRGANIZATION  OSITION HELD	FILER	SF	POUSE DEPENDENT CHILD
RGANIZATION	☐ FILER	□ SF	L_TOURNE CHILD

PUBLIC SERVA	RIVED FROM FUNCTIONS HONORING	PART <b>17</b>
this page in the report.	ion is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT in	าclude
of the Government Code or reported in the statement a	Code provides that the gift prohibitions set out in section 36.08 of the Penal Code function in honor or appreciation of a public servant required to file a statement under title 15 of the Election Code if the benefit and the source of any benefit over \$50 is and 2) the benefit is used solely to defray expenses that accrue in the performance of the theorem that the office which are nonreimbursable by the state or a political subdivision. If such that the public servant under title 15 of the Election Code, the benefit is reportable here.	er chapter 257 in value are: 1) e of duties or
SOURCE OF BENEFIT	RODEO AUSTIN	
BENEFIT	2 TICKETS TO OPENING CONCERT OF 2018 RODEO AT TRAVIS COUNTY EX	PO-CIR.
SOURCE OF BENEFIT	NAME AND ADDRESS	
	;	
BENEFIT		
SOURCE OF BENEFIT	NAME AND ADDRESS	
BENEFIT		_
SOURCE OF BENEFIT	NAME AND ADDRESS	
BENEFIT		
Forms provided by Texas Ethics Con	OPY AND ATTACH ADDITIONAL PAGES AS NECESSARY Page 14	of 15

Revised 1/14/2019

PERSONAL FINANCIAL ST	TATEMENT	TAFFIDAVIT	
, ,	;		
The law requires the personal financial state individual required to file the personal financial state public or other person authorized by law to a six not considered filed.	ial statement, as	well as the signature and s	tamp or seal of office of a notary
. 1			· · · · · · · · · · · · · · · · · · ·
;	covers calenda correct and inc	rm, under penalty of perjun ir year ending December 3 ludes all information requir 572 of the Government Cod	ed to be reported by me
	(-)	Orah Chuara Signature of Filer	<del>tt</del>
Joe Hon  My Commission Expires 02/17/2023 ID No. 11662885	, , ,		
AFFIX NOTARY STAMP / SEAL ABOVE			
		,	t ·
	I	I	
Sworn to and subscribed before me, by the said		ECKH-DOT this the s my hand and seal of office.	day of
·			
	JOE 1	ton ho	TARY PUBLIC
Signature of officer administering oath P	inted name of officer a	dministering oath	Title of officer administering oath
			Prop 15 of 15

PERSO	NAL FINANCIAL STATEMENT	FORM PFS - LOCAL
	,	COVER SHEET
		PAGE 1
	ed in accordance with chapter 572 of the Government Code.	TOTAL NUMBER OF PAGES FILED
	equired in 2020, covering calendar year ending December 31, 2019. ORM PFS-INSTRUCTION GUIDE when completing this form.	Factio
1 NAME	TITLE: FIRST MI	OFFICE USE ONLY
	SARAH	Date Received T:
	NICHONAME, LAST, SUFFIX  ECKHARDT	DANA TRAVIS
2 ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY; STATE; ZIP CODE	
		7 <u>66 B 7</u>
		Date Hand detreered to Date Editionarized
		Receipt # (7) Amount 5 + (7)
3 TELEPHON	NE AREA CODE PHONE NUMBER: EXTENSION	Date Processed
NUMBER		Date Imaged
4 REASON	G MCANDIDATE TX SENATEDIST. 14	
FOR FILING		[INDICATE OFFICE)
		1
,	MELECTED OFFICER TRAVIS COUNTY TUDGE	(INDICATE OFFICE)
	OTHER	(INDICATE POSITION)
5 Family mamba	ers whose financial activity you are reporting (see instructions).	
ranny memoc	ers whose mandatactivity you are reporting (see mishodibile).	•
		ŀ
SPOUSE		
DEPENDE	ENT CHILD 1.	
	2	
	<del>4.</del>	
	3.	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
In Parts 1 thro you are require	ough 20, you will disclose your financial activity during the preceding calented to disclose not only your own financial activity, but also that of your spouse	dar year. In Parts 1 through 14 and 20, or a dependent child (see instructions).
	COPY AND ATTACH ADDITIONAL PAGES AS	NECESSARY
Forms provided hy	/ Texas Ethics Commission vww.ethics.state.tx.us	Revised 12/6/2019
	· · · · · · · · · · · · · · · · · · ·	VSAISER IDMS013
	[	

## PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 2 On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report. PARTS NOT APPLICABLE TO FILER □ N/A Part 1A - Sources of Occupational Income N/A Part 1B - Retainers N/A Part 2 - Stock N/A Part 3 - Bonds, Notes & Other Commercial Paper □ N/A Part 4 - Mutual Funds □ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents ☐ N/A Part 6 - Personal Notes and Lease Agreements □ N/A Part 7A - Interests in Real Property N/A Part 7B - Interests in Business Entities ☑ N/A Part 8 - Gifts N/A Part 9 - Trust Income N/A Part 10A - Blind Trusts N/A Part 108 - Trustee Statement N/A Part 11A - Ownership of Business Associations MA Part 11B - Assets of Business Associations M N/A Part 11C - Liabilities of Business Associations ☐ N/A Part 12 - Boards and Executive Positions N/A Part 13 - Expenses Accepted Under Honorarium Exception M N/A Part 14 - Interest in Business in Common with Lobbyist N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer N/A Part 16 - Representation by Legislator Before State Agency MIA Part 17 - Benefits Derived from Functions Honoring Public Servant M N/A Part 18 - Legislative Continuances

N/A Part 19 - Contracts with Governmental Entity

M/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCU  If the requested information is not page in the report.	1		PART 1A over Sheet, and do NOT include this
When reporting information about providing the number under which	t a dependent child's the child is listed on the	activity, indicate the e Cover Sheet.	child about whom you are reporting by
1 INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT  EMPLOYED BY ANOTHER	TR	nalicandadoress of em AVIS COUNTY	
□ SELF-EMPLOYED		AVIS COUNTY  D LAVACA, S  US., TX 7870  NATURE OF OR  AVIS COUNTY	CCUPATION
INFORMATION RELATES TO	☐ FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT		NAME AND ADDRESS OF EMP	PLOYER/POSITION HELD
☐ EMPLOYED BY ANOTHER		· - !	
SELF-EMPLOYED		NATURE OF OC	CUPATION
INFORMATION RELATES TO	☐ FILER	   spouse 	DEPENDENT CHILD
EMPLOYMENT	<del></del>	NAME AND ADDRESS OF EMP	PLOYER I POSITION HELD
EMPLOYED BY ANOTHER			
SELF-EMPLOYED		NATURE OF OC	CUPATION
COPY AN	D ATTACH ADDITIO	NAL PAGES AS I	NECESSARY
Forms provided by Texas Ethics Commission	www.elhic	s state.tx.us	Revised 12/6/2019

	1			
	. 1.			
MUTUAL FUNDS	•	<del></del>		PART 4
If the requested information is repage in the report.	ot applic	able, indicate that o	on Page 2 of the Co	over Sheet, and do NOT include this
acquired during the calendar ye	ar and inc tual fund :	dicate the category were sold, also indic	of the number of shate the category of	our spouse, or a dependent child held or nares of mutual funds held or acquired. If the amount of the net gain or loss realized
When reporting information at providing the number under whi				child about whom you are reporting by
1 MUTUAL FUND		1	NAJ	<b>3</b> € ,
			MLPA	
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	· 0	FILER	SPOUSE	DEPENDENT CHILD
3 NUMBER OF SHARES	Ī	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
4 IF SOLD NET GA	[	LESS THAN \$5,000		\$10,000-\$24,999 \$25,000-OR MORE
MUTUAL FUND	-	i i	. NA	ME
_			PFFD	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	:	FILER	SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES		LĖSS THAN 100	☐ 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4.999
OF MUTUAL FUND			10,000 OR MOI	RE
IF SOLD ☑ NET GA	[ ]	LESS THAN \$5,000	\$5,000-\$9,999	☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE
MUTUAL FUND			BKLN	· ·
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		FILER	SPOUSE	DEPENDENT CHILD
NUMBER OF SHARES		LESS THAN 100	. 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
OF MUTUAL FUND		□ 5,000 ТО 9,999	10,000 OR MC	DRE
IF SOLD ☐ NET GA	`	LESS THAN \$5,000	o [] \$5,000–\$9,999	9 🔲 \$10,000-\$24.999 📋 \$25.000-OR MORE
	COPY A	ND ATTACH ADDIT	ONAL PAGES AS I	NECESSARY
Forms provided by Texas Ethics Comm	noissin	www.est	ics.state.tx.us	Revised 12/6/2019

	ı .			
MUTUAL FUNDS	·		`	PART 4
If the requested information is not app page in the report.	l olicable, indicate that	t on Page 2 of the C	over Sheet, and do	NOT include this
List each mutual fund and the number acquired during the calendar year and some or all of the shares of a mutual fur from the sale. For more information, so When reporting information about a	l'indicate the categor nd were sold, also ind ee FORM PFS-INST dependent child's a	y of the number of si licate the category of RUCTION GUIDE. ctivity, indicate the	hares of mutual fund: the amount of the ne	s held or acquired. If t gain or loss realized
providing the number under which the	child is listed on the (	Cover Sheet.		
1 MUTUAL FUND	,	1AUL	<u>.</u>	
<sup>2</sup> SHARES OF MUTUAL FUND . HELD OR ACQUIRED BY	- Ly FILER	SPOUSE	DEPENDENT CHILI	D
3 NUMBER OF SHARES . OF MUTUAL FUND	ESS THAN 100	☐ 100 TO 499	500 TO 999	☐ 1,000 TO 4.999
4 IF SOLD NET GAIN	(2) \$,000 TO 9,999		\$10,000-524,999	\$25,000OR MORE
MUTUAL FUND ,	:. -	IFGIL	AE	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	☐ 500 TO 999 E	☐ 1,000 TO 4,999
IF SOLD   NET GAIN	LESS THAN \$5,00	\$5,000-\$9,999	S10,000-\$24,999	\$25.000-OR MORE
MUTUAL FUND		1.464	ME -	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑,FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MOR	<b>500 TO</b> 999	1,000 TO 4,999
IF SOLD ☑ NET GAIN ☐ NET LOSS	[] LESS THAN \$5.00	o S5,000–\$9,999	S10,000-\$24,999	S25.000-OR MORE
COPY	AND ATTACH ADDIT	IONAL PAGES AS N	ECESSARY	
Forms provided by Texas Ethics Commission		ics.state.tx.us		Revised 12/6/2019

	<del></del>	<u>·</u>
MUTUAL FUNDS  If the requested information is not appl	icable, indicate that	PART 4 on Page 2 of the Cover Sheet, and do NOT include this
page in the report.		
acquired during the calendar year and some or all of the shares of a mutual fun from the sale. For more information, see	indicate the category d were sold, also indi e FORM PFS-INSTF	
When reporting information about a providing the number under which the control of the control o	dependent child's a child is listed on the C	ctivity, indicate the child about whom you are reporting by cover Sheet.
1 MUTUAL FUND		SCH E
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999
	5,000 TO 9,999	☐ 10,000 OR MORE
4 IF SOLD NET GAIN	LESS THAN \$5,000	0
MUTUAL FUND		NAME
	,	FNDF
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999
OF MICTORE FOND	☐ 5,000 TO 9,999	☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN	LESS THAN \$5,00	 
MUTUAL FUND		NAME
		FNDC
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	M FILER	SPOUSE DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999
	☐ 5,000 TO 9.999	10,000 OR MORE
IF SOLD IN NET GAIN	LESS THAN \$5,0	\$5,000-\$9,999 S10,000-\$24,999 S25.000-OR MORE
. COP	Y AND ATTACH ADD	ITIONAL PAGES AS NECESSARY
Forms provided by Texas Ethics Commission	www.e	ethics.state.tx.us Revised 12/6/2019

1

ŧ

!

MUTUAL FUNDS  If the requested information is not app page in the report.	licable, indicate that o	Page 2 of the Cover Sheet, an	PART 4.
List each mutual fund and the number acquired during the calendar year and some or all of the shares of a mutual fun from the sale. For more information, se	indicate the category of ad were sold, also indica	f the number of shares of mutua te the category of the amount of t	I funds held or acquired. If
When reporting information about a providing the number under which the			hom you are reporting by
1 MUTUAL FUND		FNDA	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDEN	T CHILD
3 NUMBER OF SHARES OF MUTUAL FUND	☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 500 TO 999 ☐ 10,000 OR MORE	1,000 TO 4.999
4 IF SOLD NET GAIN	LESS THAN \$5,000	S5,000-\$9,999 S10,000-\$2	4,999 S25,000-OR MORE
MUTUAL FUND		SCHD	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<b>▼</b> FILER	SPOUSE DEPENDE	NT CHILD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 .☐ 500 TO 999	1,000 TO 4,999
IF SOLD ☑ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	eee,e2-000.as □   eee,e3-000.as	24,999
MUTUAL FUND .		SCHP	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDE	ENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100	100 TO 499 500 TO 9	99
IF SOLD IN NET GAIN	TLESS THAN \$5,000	\$5,000-\$9,999 \$10,000-	\$24,999 S25,000OR MORE
11.	AND ATTACH ADDITION	NAL PAGES AS NECESSARY	
Forms provided by Texas Ethics Commission	www.ethi	cs.state.tx.us	Revised 12/6/2019

Τį

## **MUTUAL FUNDS** PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report. 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 VNOF 2 SHARES OF MUTUAL FUND OFILER ☐ DEPENDENT CHILD SPOUSE HELD OR ACQUIRED BY 3 NUMBER OF SHARES 1,000 TO 4,999 500 TO 999 LESS THAN 100 100 TO 499 OF MUTUAL FUND 5.000 TO 9,999 ☐ 10,000 OR MORE 4 IF SOLD NET GAIN ☑ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET LOSS **MUTUAL FUND** HDEF SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD . HELD OR ACQUIRED BY NUMBER OF SHARES 100 TO 499 ☐ 500 TO 999 1,000 TO 4.999 LESS THAN 100 OF MUTUAL FUND ☐ 10,000 OR MORE 5.000 TO 9.999 IF SOLD MET GAIN ☑ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE □ NET LOSS MUTUAL FUND PAXWX SHARES OF MUTUAL FUND FILER □ SPOUSE DEPENDENT CHILD . HELD OR ACQUIRED BY. NUMBER OF SHARES ☐ 100 TO 499 ☐ 500 TO 999 LESS THAN 100 ☐ 1.000 TO 4,999 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD MET GAIN LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24.999 ☐ \$25,000-OR MORE NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY Forms provided by Texas Ethics Commission Revised 12/6/2019 www.ethics.state.tx.us

		!			
MUTUAL F	formation is not app	licable, indicate that (	on Page 2 of the Co	over Sheet, and do	PART 4 NOT include this
acquired during th some or all of the s from the sale. For When reporting in	e calendar year and hares of a mutual fur more information, se nformation about a	of shares in that multindicate the category at were sold, also indice FORM PFS-INSTR dependent child's achild is listed on the C	of the number of si- cate the category of RUCTION GUIDE.	nares of mutual funds the amount of the net	s held or acquired. If gain or loss realized
1 MUTUAL FUND			VTI	LE	
2 SHARES OF MUT HELD OR ACQUI		I FILER	SPOUSE	DEPENDENT CHILD	)
3 NUMBER OF SHA OF MUTUAL FUN		☐ LESS THAN 100	☐ 100 TO 499 ☐ 10.000 OR MOR	500 TO 999 E	☐ 1,000 TO 4.999
4 IF SOLD	NET GAIN	LESS THAN \$5,000	S5,000-S9,999	\$10,000-524,999	S25,000-OR MORE
MUTUAL FUND	, ,		T. ROWE	PRICE	
SHARES OF MU HELD OR ACQU		FILER	SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SH. OF MUTUAL FUN		LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOI	☐ 500 TO 999	1,000 TO 4,999
IF SOLD	M NET GAIN  ☐ NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000OR MOR
MUTUAL FUND		i	Ж	AME .	
SHARES OF MU HELD OR ACQU		FILER	SPOUSE	DEPENDENT CH	ILD
NUMBER OF SH OF MUTUAL FUI		☐ LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MO	☐ 500 TO 999	1,000 TO 4,999
IF SOLD	☐ NET GAIN	LESS THAN \$5.00	0 \$5,000-\$9,999	\$10,000~\$24.999	925,000OR MO
	COPY	AND ATTACH ADDIT	IONAL PAGES AS I	NECESSARY	
Forms provided by Tex	es Ethics Commission	www.el	nics.state.tx.us		Revised 12/6
1		ļ			

INCOME FROM INTE If the requested information is not page in the report.	REST, DIVIDES applicable, indicate that	NDS, ROYAL on Page 2 of the Co	TIES & RENTS PART 5 over Sheet, and do NOT include this
interest, dividends, royalties, and re more information, see FORM PFS–	ents during the calendar y INSTRUCTION GUIDE. t a dependent child's a	rear and indicate the activity, indicate the	in excess of \$500 that was derived from category of the amount of the income. For child about whom you are reporting by
SOURCE OF INCOME  Publicly held corporation	RENTA	L INCOME	-Stacie Smith
RECEIVED BY	11 FILER	SPOUSE	DEPENDENT CHILD
AMOUNT .	S500\$4,999	S5,000\$9,999	☑ \$10,000\$24,999 ☐ \$25,000OR MORE
SOURCE OF INCOME  Publicly held corporation		NAUEAN	D'ADDRESS
RECEIVED BY	☐ FiLER	SPOUSE	DEPENDENT CHILD
AMOUNT	S500-S4,999	55.000\$9.999	S10,000~\$24,999 S25,000~OR MORE
COURCE OF INCOME		NAME A	ND ADCRESS
SOURCE OF INCOME  Publicly held corporation			
RECEIVED BY	☐ FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	☐ \$500- <b>\$4</b> ,999	☐ \$5.000\$9,99 	9 🔲 \$10.000\$24,999 🔲 \$25,000OR MORE
СОРУ	AND ATTACH ADD	TIONAL PAGES A	AS NECESSARY
orms provided by Texas Ethics Commis	tion	ethids.state.lx.us	Revised 12/6/20

!

PERSONAL NOTES of the requested information is not page in the report.			S PART 6 over Sheet, and do NOT include this
a dependent child had a total fina	ancial liability of more the alendar year and indicate	an \$1,000 in the fo	ution to whom you, your spouse, or arm of a personal note or notes or lease amount of the liability. For more informa-
When reporting information about providing the number under which			child about whom you are reporting by
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BANCORP	SOUTH	
LIABILITY OF	₩ FILER	☐ SPOUSE	DEPENDENT CHILD
3 GUARANTOR			
4 AMOUNT	S1.000-\$4,999	\$5,000-\$9,999	☐ \$10,000-\$24,999
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF	FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR			
AMOUNT	S1,000-\$4,999	\$5.000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF	FILER	SPOUSE	DEPENDENT CHILD
GUARANTOR			
'AMOUNT	\$1,000-\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
COPY A	ND ATTACH ADDITION	ONAL PAGES AS	NECESSARY
orms provided by Texas Ethics Commission	o www.ethi	cs.state.tx.us	Revised 12/6/2019
			<del></del>

. .4

	INTERESTS IN REAL If the requested information is not page in the report.			on Page 2 of the C	PART <b>7A</b> Cover Sheet, and do NOT include this
	calendar year. If the interest was so	ld, also	Indicate the catego	ory of the amount o	r spouse, or a dependent child during the of the net gain or loss realized from the sale. completing this section, see FORM PFS
	When reporting information about providing the number under which to	t a dep he child	endent child's act I is listed on the Co	livity, indicate the over Sheet.	child about whom you are reporting by
	1 HELD OR ACQUIRED BY	₩ F	ILER [	] SPOUSE	DEPENDENT CHILD
-[ - -	2 STREETADDRESS		- S	TREET ADDRESS INCLUON	KG CITY: COUNTY, AND STATE
	3 DESCRIPTION		NUMBER  1 LOT TRAVAS CO	19	NAME OF COUNTY WHERE LOCATED
-	ACRES		TRAVO ZO		
	A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)		BANCORP &	SOUTH	
-	IF SOLD    NET GAIN   NET LOSS	۵	LESS THAN \$5,000	S5.000-S9,999	□ \$10,000-524,999 ☑ \$25,000-OR MORE
Γ	HELD OR ACQUIRED BY	□ FI	LER [	SPOUSE	DEPENDENT CHILD
	STREETADDRESS  NOTAVAILABLE		s	REET ADDRESS, INCLUDIR	NG CITY, COUNTY, AND STATE
	DESCRIPTION  LOTS  ACRES		NUMBER	OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCATED
	NAMES OF PERSONS RETAINING AN INTEREST INOTAPPLICABLE (SEVERED MINERAL INTEREST)				
	IF SOLD ,		LESS THAN \$5,000	i ☐ \$5,000\$9,999	. S10,000-\$24,999 S25,000-OR MORE
	COPY AI	TA DI	TACH ADDITIO	NAL PAGES AS	NECESSARY
Fo	ms provided by Yexas Ethics Commission		www.ethics	.state.tx.us	Revised 12/6/2019

## BOARDS AND EXECUTIVE POSITIONS **PART 12** If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report. 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. **ORGANIZATION** BAIL BOND EDARD <sup>2</sup> POSITION HELD <sup>3</sup> POSITION HELD BY FILER SPOUSE DEPENDENT CHILD \_\_\_\_ **ORGANIZATION** TRAVIS CONDITY TRUEDILE BOARD POSITION HELD 7 FILER POSITION HELD BY SPOUSE DEPENDENT CHILD \_\_\_\_\_ **ORGANIZATION** CAPITAL HEALTH FACILITIES DEVEL. CORP. POSITION HELD PRESIDENT FILER SPOUSE POSITION HELD BY DEPENDENT CHILD \_\_\_ CAPITAL SNOWSTRIAL DEVEL CORP. **ORGANIZATION** PRESIDENT POSITION HELD SPOUSE FILER DEPENDENT CHILD \_\_\_\_\_ **POSITION HELD BY** ORGANIZATION CAPITAL CITY INNOVATION CORP. POSITION HELD EX OFFICIO FILER ' 'POSITION HELD BY SPOUSE DEPENDENT CHILD \_\_\_ COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

www.ethics.state.tx.us

Revised 12/6/2019

Forms provided by Texas Ethics Commission

## BOARDS AND EXECUTIVE POSITIONS PART 12 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and do NOT include this page in the report. 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. ORGANIZATION TRAVIS COUNTY DEVELOPMENT AUTH. POSITION HELD-PRESIDENT FILER POSITION HELD BY ☐ SPOUSE DEPENDENT CHILD \_\_\_\_ **ORGANIZATION** TRAVIS COUNTY CULTURAL EDUC. FAC. FIN. CORP. POSITION HELD TRESIDEIST FILER **POSITION HELD BY** SPOUSE . DEPENDENT CHILD \_\_\_\_\_ **ORGANIZATION** CONFERENCE OF UREALI COUNTIES POSITION HELD CHAIR ELECT FILER SPOUSE POSITION HELD BY ☐ DEPENDENT CHILD \_\_\_ TRAVIS COUNTY BEE CAVES ROAD DIST ORGANIZATION POSITION HELD PRESIDENT FILER SPOUSE DEPENDENT CHILD \_\_\_ POSITION HELD BY ORGANIZATION TRAVIS COUNTY HOUSING FINANCE CORP. POSITION HELD T FILER POSITION HELD BY SPOUSE DEPENDENT CHILD \_\_\_\_\_ COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXIT IN THE REPORT IN THE PROPERTY OF THE PROPERTY			_	Cover Sheet, and do NOT in	PART 12
your spouse, or a depender ships, professional corporati	nt child hold in corpo ions, professional as	rations, firms, p sociations, joint	artnerships, li ventures, othe	a member and all executive provided partnerships, limited liable business associations, or produced processes associations, or produced partnerships.	pility partner- prietorships,
When reporting information providing the number under	n about a depende which the child is lis	nt child's activit ted on the Cove	y, indicate the rSheet.	e child about whom you are	reporting by
ORGANIZATION	TRAVIS	COUNTY	HEALTH	FACILITIES CORP	
POSITION HELD		-			
POSITION HELD BY	T FILER	☐ SP,	DUSE	DEPENDENT CHILD	
ORGANIZATION	CAPITAL	METRUPOL	ITAN PI	ANNING ORG.	
POSITION HELD				-	
POSITION HELD BY	☑ FILER	☐ SP	OUSE	DEPENDENT CHILD	
ORGANIZATION	TEXAS F	REEDOM	WETWOR	: -	
POSITION HELD		,			. ]
POSITION HELD BY	7 FILER	□ se	OUSE	DEPENDENT CHILD _	
, organization	CLEAN	AIR COAL	LITION		
POSITION HELD	CHAIR	į			
POSITION HELD BY	☐ FILER	□ SF	POUSE	DEPENDENT CHILD _	
ORGANIZATION					
POSITION HELD					
POSITION HELD BY	☐ FILER	☐ SF	OUSE	DEPENDENT CHILD	
C	OPY AND ATTAC	H ADDITION	L PAGES A	AS NECESSARY	
Forms provided by Texas Ethics Co	noission	www.ethics.s	lafe.tx.us		Revised 12/6/2019

ı

ı

ndividual required to file the personal finance	TATEMENT AFFIDAVIT  Itement to be verified. The verification page must have the signature of the cial statement, as well as the signature and stamp or seal of office of a notary administer oaths and affirmations. Without proper verification, the statement
ndividual required to file the personal financ public or other person authorized by law to	cial statement, as well as the signature and stamp or seal of office of a notary
ndividual required to file the personal financ public or other person authorized by law to	cial statement, as well as the signature and stamp or seal of office of a notary
ndividual required to file the personal financ public or other person authorized by law to	cial statement, as well as the signature and stamp or seal of office of a notary
	I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2019, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.
SUSAN HARRY Notary Public, State of Texas Comm. Expires 01-17-2024 Notary ID 10801000	Signature of Filer
AFFIX NOTARY STAMP / SEAL ABOVE	
worn to and subscribed before me, by the sa	aid <u>Sign</u> day of tify which, witness my hand and seal of office.
idn	Susan Harry Notary
Signature of officer administering path P.	Printed name of officer administering cath Title of officer administering cath
	<b> </b>
s provided by Texas Ethics Commission	www.ethlcs.state.tx.us Revised 12/8/201

}

.

Ţ