

**PERSONAL FINANCIAL STATEMENT****FORM PFS-LOCAL  
COVER SHEET  
PAGE 1****9213**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2018, covering calendar year ending December 31, 2017.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

19

Filer ID

**1 NAME**

TITLE; FIRST; MI

SARAH

NICKNAME; LAST; SUFFIX

ECKHARDT

**2 ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

[REDACTED]  
[REDACTED]**3 TELEPHONE  
NUMBER**

AREA CODE

PHONE NUMBER; EXTENSION

( [REDACTED] )

[REDACTED]

**4 REASON  
FOR FILING  
STATEMENT**☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)☒ ELECTED OFFICER TRAVIS COUNTY JUDGE (INDICATE OFFICE)☐ OTHER \_\_\_\_\_ (INDICATE POSITION)**5** Family members whose financial activity you are reporting (see instructions).

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. \_\_\_\_\_

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 (see instructions).

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

## 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 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 10B - Trustee Statement
- ☒ N/A Part 11A - Assets of Business Associations
- ☒ N/A Part 11B - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**

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.**

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.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="radio"/> EMPLOYED BY ANOTHER  <hr/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD TRAVIS COUNTY 700 LAVACA, STE. 2.300 AUSTIN, TX 78703  <hr/> NATURE OF OCCUPATION TRAVIS COUNTY JUDGE
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER  <hr/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD          <hr/> NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER  <hr/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD          <hr/> NATURE OF OCCUPATION
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

**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.

<b>1</b> MUTUAL FUND	NAME ARBVX			
<b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input checked="" type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
<b>4</b> IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME PAXWX			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input checked="" type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME VTI			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input checked="" type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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	NAME BNDX			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
4 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME EMLC			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME FNDA			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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	NAME SCHH			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
4 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME IAU			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME SHYG			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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.

<b>1</b> MUTUAL FUND	NAME SCHE			
<b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
<b>4</b> IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME FNDE			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME FNDF			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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	NAME FNDC			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
4 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME FNDX			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME SCHF			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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	NAME SCHC			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
4 IF SOLD	<input type="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS			
	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME SCHX			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD	<input type="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS			
	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME SCHA			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD	<input type="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS			
	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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.

<b>1</b> MUTUAL FUND	NAME EBND			
<b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
<b>4</b> IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME VNQI			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME VTEB			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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	NAME HYLB			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
4 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME T. ROWE PRICE 2030			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input checked="" type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000-OR MORE
MUTUAL FUND	NAME			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$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.

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.

<b>1</b> SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS REAL PROPERTY 1001 LORRAIN ST. AUSTIN, TX 78703
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input type="radio"/> \$500-\$4,999 <input type="radio"/> \$5,000-\$9,999 <input checked="" type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="radio"/> \$500-\$4,999 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="radio"/> \$500-\$4,999 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$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.

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.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BANCORP SOUTH
<b>2</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	
<b>4</b> AMOUNT	<input type="radio"/> \$1,000-\$4,999 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input checked="" type="radio"/> \$25,000-OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="radio"/> \$1,000-\$4,999 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="radio"/> \$1,000-\$4,999 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE

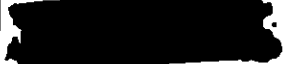
**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

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.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 
<b>3 DESCRIPTION</b> <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <b>1 LOT TRAVIS COUNTY</b>
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	<b>BANCORP SOUTH</b>
<b>5 IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE

<b>HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>DESCRIPTION</b> <input type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

<b>1 ORGANIZATION</b>	TRAVIS COUNTY JUVENILE BD
<b>2 POSITION HELD</b>	
<b>3 POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	TRAVIS COUNTY PURCHASING BD
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	
<b>POSITION HELD</b>	
<b>POSITION HELD BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

<b>1 ORGANIZATION</b>	CAPITAL HEALTH FACILITIES DEVELOPMENT CORP
<b>2 POSITION HELD</b>	PRESIDENT
<b>3 POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	CAPITAL INDUSTRIAL DEVELOPMENT CORP
<b>POSITION HELD</b>	PRESIDENT
<b>POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	CAPITAL CITY INNOVATION CORP
<b>POSITION HELD</b>	EX OFFICIO
<b>POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	TRAVIS COUNTY DEVELOPMENT AUTHORITY
<b>POSITION HELD</b>	PRESIDENT
<b>POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>ORGANIZATION</b>	TRAVIS COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORP.
<b>POSITION HELD</b>	PRESIDENT
<b>POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**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.

<sup>1</sup> ORGANIZATION	CONFERENCE OF URBAN COUNTIES
<sup>2</sup> POSITION HELD	EXECUTIVE COMMITTEE - MEMBERSHIP CHAIR
<sup>3</sup> POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CONFERENCE OF URBAN COUNTIES
POSITION HELD	POLICY BOARD
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TRAVIS COUNTY BEE CAVES ROAD DISTRICT
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TRAVIS COUNTY HOUSING FINANCE CORPORATION
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TRAVIS COUNTY HEALTH FACILITIES CORP
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

<sup>1</sup> ORGANIZATION	CAPITAL METROPOLITAN PLANNING ORGANIZATION
<sup>2</sup> POSITION HELD	
<sup>3</sup> POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TEXAS FREEDOM NETWORK
POSITION HELD	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CAPITAL AREA COUNCIL OF GOVERNMENTS
POSITION HELD	EXECUTIVE COMMITTEE
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CLEAN AIR COALITION
POSITION HELD	CHAIR
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	BAIL BOND BOARD
POSITION HELD	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

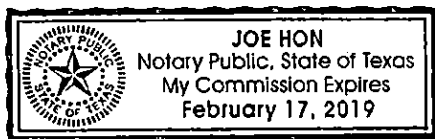
**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 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 ECKHARDT, this the 12 day of FEBRUARY, 20 18, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

JOE HON  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# PERSONAL FINANCIAL STATEMENT

FORM **PFS-LOCAL**

Note: A PFS filed with the Texas Ethics Commission must be filed electronically.  
The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

15 (14)

Filer ID

9398

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI

JARAH

NICKNAME; LAST; SUFFIX

ECKHARDT

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

[REDACTED ADDRESS]

3 TELEPHONE  
NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

[REDACTED PHONE NUMBER]

4 REASON  
FOR FILING  
STATEMENT

☐ CANDIDATE

(INDICATE OFFICE)

ELECTED OFFICER TRAVIS COUNTY JUDGE

(INDICATE OFFICE)

☐ OTHER

(INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE

DEPENDENT CHILD 1.

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 (see instructions).

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

Page 1 of 15

# 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 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 10B - Trustee Statement
- ☒ N/A Part 11A - Ownership of Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ 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
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

Page 2 of 15

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

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.**

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 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)  TRAVIS COUNTY 700 LAVACA ST. AUS., TX 78701		
<input type="radio"/> EMPLOYED BY ANOTHER			
<input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION TRAVIS COUNTY JUDGE		
INFORMATION RELATES TO	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)		
<input type="radio"/> EMPLOYED BY ANOTHER			
<input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION		
INFORMATION RELATES TO	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)		
<input type="radio"/> EMPLOYED BY ANOTHER			
<input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

Page 3 of 15

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	NAME SHYG		
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100 <input checked="" type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE		
4 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE		

MUTUAL FUND	NAME SCHE		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE		

MUTUAL FUND	NAME FNDE		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 4 of 15

# 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	NAME <b>FNDC</b>	
2. SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3. NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE	
4. IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS <input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE	

MUTUAL FUND	NAME <b>SCHA</b>	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE	
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS <input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE	

MUTUAL FUND	NAME <b>VANECK VECTORS</b>	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100 <input checked="" type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE	
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS <input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$24,999 <input type="radio"/> \$25,000-OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 5 of 15



# 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.**

280700028

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 <i>houghton</i> <i>ENDX</i>		
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input checked="" type="radio"/> 500 TO 999 <i>1000 TO 4999</i>
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE	
4 IF SOLD	<input type="radio"/> NET GAIN	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999
	<input type="radio"/> NET LOSS	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000--OR MORE
MUTUAL FUND	NAME <i>IAK</i>		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999
	<input type="radio"/> 5,000 TO 9,999	<input checked="" type="radio"/> 10,000 OR MORE	<input type="radio"/> 1,000 TO 4,999
IF SOLD	<input type="radio"/> NET GAIN	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999
	<input type="radio"/> NET LOSS	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000--OR MORE
MUTUAL FUND	NAME <i>PAXWX</i>		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input checked="" type="radio"/> 500 TO 999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE	<input type="radio"/> 1,000 TO 4,999
IF SOLD	<input type="radio"/> NET GAIN	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000-\$9,999
	<input type="radio"/> NET LOSS	<input type="radio"/> \$10,000-\$24,999	<input type="radio"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 6 of 15

# 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	NAME <b>T. ROWE PRICE 2030 FUND</b>			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 7 of 15

# 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.

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

1 SOURCE OF INCOME

☐ Publicly held corporation

NAME AND ADDRESS

2 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

☐ Publicly held corporation

NAME AND ADDRESS

RECEIVED BY

☐ FILER

☐ SPOUSE

☐ DEPENDENT CHILD \_\_\_\_\_

AMOUNT

☐ \$500--\$4,999

☐ \$5,000--\$9,999

☐ \$10,000--\$24,999

☐ \$25,000--OR MORE

SOURCE OF INCOME

☐ Publicly held corporation

NAME AND ADDRESS

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

Page 8 of 15

# 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.

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BANCORP SOUTH		
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD		
3 GUARANTOR			
4 AMOUNT	<input type="radio"/> \$1,000--\$4,999 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input checked="" type="radio"/> \$25,000--OR MORE		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____		
GUARANTOR			
AMOUNT	<input type="radio"/> \$1,000--\$4,999 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____		
GUARANTOR			
AMOUNT	<input type="radio"/> \$1,000--\$4,999 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 9 of 15

# 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.

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> (Check If Filer's Home Address)	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>
3 DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 LOT TRAVIS COUNTY
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	BANCORP SOUTH
5 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> (Check If Filer's Home Address)	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000 <input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 10 of 15

# 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.

1 ORGANIZATION	SDF TRAVIS COUNTY JUVENILE BOARD
2 POSITION HELD	EX OFFICIO
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD
ORGANIZATION	CAPITAL HEALTH FACILITIES DEV. CORP.
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD
ORGANIZATION	CAPITAL CITY INNOVATION CORP
POSITION HELD	EX OFFICIO
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD
ORGANIZATION	TRAVIS COUNTY DEV. AUTH.
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD
ORGANIZATION	TRAVIS COUNTY CULTURAL ED. FAC. FIN. CORP.
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 11 of 15

# 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.

1 ORGANIZATION	SDF	CONFERENCE OF URBAN COUNTIES	
2 POSITION HELD		CHAIRMAN ELECT	
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION		TRAVIS COUNTY BEE CAVE RD. DIST.	
POSITION HELD		PRESIDENT	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION		TRAVIS COUNTY HOUSING FIN. CORP.	
POSITION HELD		PRESIDENT	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION		TRAVIS COUNTY HEALTHCARE FAC. CORP.	
POSITION HELD		PRESIDENT	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION		CAPITAL AREA METRO. PLANNING ORG.	
POSITION HELD			
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 12 of 15

# 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.

1 ORGANIZATION	SDF TEXAS FREEDOM NETWORK
2 POSITION HELD	
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	CLEAN AIR COALITION
POSITION HELD	CHAIR
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	BAIL BOND BOARD
POSITION HELD	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Page 13 of 15



# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

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.*

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

1	SOURCE OF BENEFIT	NAME AND ADDRESS
	RODEO AUSTIN	

2	BENEFIT	2 TICKETS TO OPENING CONCERT OF 2018 RODEO AT TRAVIS COUNTY EXPO-CIR.
---	---------	--

SOURCE OF BENEFIT	NAME AND ADDRESS

BENEFIT	

SOURCE OF BENEFIT	NAME AND ADDRESS

BENEFIT	

SOURCE OF BENEFIT	NAME AND ADDRESS

BENEFIT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY Page 14 of 15

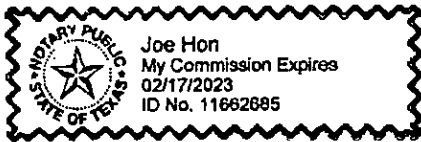
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Sarah Eckhardt

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT this the 30 day of APRIL, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

JOE HON

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

Page 15 of 15

## PERSONAL FINANCIAL STATEMENT

## FORM PFS - LOCAL

COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2020, covering calendar year ending December 31, 2019.  
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED

FilerID

1 NAME

TITLE: FIRST MI

SARAH

NICKNAME, LAST, SUFFIX

ECKHARDT

2 ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

[REDACTED]

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER: EXTENSION

[REDACTED]

4 REASON FOR FILING STATEMENT

☒ CANDIDATE

TX SENATE DIST. 14

(INDICATE OFFICE)

☒ ELECTED OFFICER

TRAVIS COUNTY JUDGE

(INDICATE OFFICE)

☐ OTHER

(INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE

DEPENDENT CHILD 1.

2.

3.

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

FILED FOR RECORD

OFFICE USE ONLY

Date Received 2020 APR 30 PM 4:48

DATA DEPARTMENT  
COUNTY CLERK  
TRAVIS COUNTY  
TX

Date (hand-delivered or Date of return)

Receipt # Amount \$

Date Processed

Date Imaged

# 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 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 10B - Trustee Statement
- ☒ N/A Part 11A - Ownership of Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ 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
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

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.

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 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
--------------------------	---	---------------------------------	--

2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	TRAVIS COUNTY 700 LAVACA, STE. 2.900 AUSTIN, TX 78701	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION TRAVIS COUNTY JUDGE	

INFORMATION RELATES TO	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
------------------------	--------------------------------	---------------------------------	--

EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
<input type="checkbox"/> EMPLOYED BY ANOTHER		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
------------------------	--------------------------------	---------------------------------	--

EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
<input type="checkbox"/> EMPLOYED BY ANOTHER		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

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	NAME <b>MLPA</b>	
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
MUTUAL FUND	NAME <b>PFFD</b>	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
MUTUAL FUND	NAME <b>BKLN</b>	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$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	NAME <i>1 ALL</i>			
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3	NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
4	IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
MUTUAL FUND		NAME <i>1 FGL</i>			
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
MUTUAL FUND		NAME <i>1 FGL</i>			
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$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		NAME <b>SCH E</b>
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND		NAME <b>FNDF</b>
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND		NAME <b>FNDC</b>
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$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	NAME <b>FNDA</b>	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
4	IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
MUTUAL FUND		NAME <b>SCHD</b>	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND		<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
MUTUAL FUND		NAME <b>SCHP</b>	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND		<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$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	NAME <b>VNIQF</b>		
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
4 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND	NAME <b>HDEF</b>		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND	NAME <b>PAXWX</b>		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$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	NAME VTI		
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
4 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND	NAME T. ROWE PRICE		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input checked="" type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND	NAME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$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.

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.

<b>1</b> SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS <b>RENTAL INCOME - Stacie Smith</b> <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del>	
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS	
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS	
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$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.

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.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BAN CORP SOUTH		
<b>2</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR			
<b>4</b> AMOUNT	<input type="checkbox"/> \$1,000-\$4,999	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR			
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR			
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$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.

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.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 		
<b>3 DESCRIPTION</b> <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 LOT TRANS COUNTY		
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	BANCORP SOUTH		
<b>5 IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE
<b>HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE		
<b>DESCRIPTION</b> <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED		
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)			
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

<b>1 ORGANIZATION</b>	BAIL BOND BOARD
<b>2 POSITION HELD</b>	
<b>3 POSITION HELD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TRANS COUNTY JUVENILE BOARD
POSITION HELD	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CAPITAL HEALTH FACILITIES DEVEL. CORP.
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CAPITAL INDUSTRIAL DEVEL. CORP.
POSITION HELD	PRESIDENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CAPITAL CITY INNOVATION CORP.
POSITION HELD	EX OFFICIO
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

**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.

1 ORGANIZATION	TRAVIS COUNTY DEVELOPMENT AUTH.		
2 POSITION HELD	PRESIDENT		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TRAVIS COUNTY CULTURAL EDUC. FAC. FIN. CORP.		
POSITION HELD	PRESIDENT		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CONFERENCE OF URBAN COUNTIES		
POSITION HELD	CHAIR ELECT		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TRAVIS COUNTY BEE CAVES ROAD DIST		
POSITION HELD	PRESIDENT		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	TRAVIS COUNTY HOUSING FINANCE CORP.		
POSITION HELD			
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



**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.

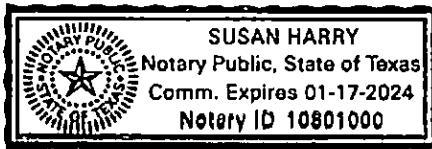
1	ORGANIZATION	TRAVIS COUNTY HEALTH FACILITIES CORP.	
2	POSITION HELD		
3	POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
	ORGANIZATION	CAPITAL METROPOLITAN PLANNING ORG.	
	POSITION HELD		
	POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
	ORGANIZATION	TEXAS FREEDOM NETWORK	
	POSITION HELD		
	POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
	ORGANIZATION	CLEAN AIR COALITION	
	POSITION HELD	CHAIR	
	POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
	ORGANIZATION		
	POSITION HELD		
	POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

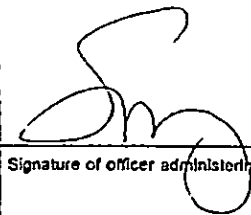
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2019, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

  
\_\_\_\_\_  
Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 30<sup>th</sup> day of April, 2020, to certify which, witness my hand and seal of office.

  
\_\_\_\_\_  
Signature of officer administering oath

Susan Harry  
\_\_\_\_\_  
Printed name of officer administering oath

Notary  
\_\_\_\_\_  
Title of officer administering oath