

PERSONAL FINANCIAL STATEMENT

**FORM PFS
COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2022, covering calendar year ending December 31, 2021.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
5

ACCOUNT #
00090085

1 NAME	TITLE; FIRST; MI Natasha	OFFICE USE ONLY	
	NICKNAME; LAST; SUFFIX Harper-Madison		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 11678 Austin, TX 78711	Date Received ELECTRONICALLY FILED 04/29/2022	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
		HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 978-2135	Date Imaged	

4 REASON FOR FILING STATEMENT	<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input checked="" type="checkbox"/> ELECTED OFFICER <u>District 1 City Council-Austin</u> (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

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

SPOUSE Thomas Madison

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).

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 FILER INFORMATION	FILER NAME Harper-Madison, Natasha	FILER ID 00090085
2 INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
3 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Austin Fire Department ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2920 Austin, TX 78768 POSITION HELD Lieutenant-Fireman	
	<input type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10408 Dedham Ct Austin, TX 78739 POSITION HELD	
	<input checked="" type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION Dryer Vent Cleaning	

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 FILER INFORMATION	FILER NAME Harper-Madison, Natasha FILER ID 00090085
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1801 East 18th St #B Austin, TX 78702
4 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Travis
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Hamilton Group Funding
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
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 - 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

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission 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.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Natasha Harper-Madison

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

STATEMENT OF FINANCIAL INFORMATION

FORM SFI
COVER SHEET

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Natasha</p> <hr style="border-top: 1px dotted black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Harper-Madison</p>	PAGE # <p style="text-align: center;">6</p>	ACCOUNT # <p style="text-align: center;">00090085</p>
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 1088 Austin, TX 78767 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	OFFICE USE ONLY	
3 Spouse or Domestic Partner whose financial activity you are reporting SPOUSE		Date Received <p style="text-align: center;">ELECTRONICALLY FILED 04/29/2022</p>	
		Receipt #	
		HD / PM	Amount
		Date Processed	
		Date Imaged	
4 REASON FOR FILING STATEMENT	<div style="margin-bottom: 10px;"> <input type="checkbox"/> MAYOR <input checked="" type="checkbox"/> CITY COUNCIL MEMBER <input type="checkbox"/> CITY STAFF/EMPLOYEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> BOARD MEMBER </div> <p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2021.</p> <p>Filing Deadlines: Mayor & Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year. Except that outgoing Mayor & Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office. Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices. Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p>		

OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	City Of Austin
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE P.O. Box 1088 Austin, TX 78767
3 NATURE OF OCCUPATION OR BUSINESS	Local Government
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input checked="" type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	

NAME OF EMPLOYER OR SOURCE OF INCOME	City Of Austin
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE P.O. Box 1088 Austin, TX 78767
NATURE OF OCCUPATION OR BUSINESS	Firefighter
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input checked="" type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	\$100,000
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If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non professional services during the reporting period.

1 NAME OF CLIENT OR CUSTOMER	Fireman Dryerman		
2 ADDRESS	ADDRESS CITY STATE ZIP CODE 10409 Dedham Court Austin, TX 78779		

3 MEMO

REAL PROPERTY OWNERSHIP OR SALE

PART 8

List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

1 STREET ADDRESS OF PROPERTY	[REDACTED] ADDRESS CITY STATE ZIP CODE
2 DESCRIPTION OF PROPERTY	Residential
3 PRESENT USE OF PROPERTY	Primary Residence

4 MEMO

STATEMENT OF FINANCIAL INFORMATION

PARTS MARKED "NOT APPLICABLE" BY FILER

- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

Natasha Harper-Madison

Signature of Filer