

# 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 #  
9

ACCOUNT #  
00090781

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Celia M.</p>	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 08/29/2022	
	NICKNAME; LAST; SUFFIX <p style="text-align: center;">Israel</p>		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 16489  Austin, TX 78744 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
		HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 541-5826	Date Imaged	

4 REASON FOR FILING STATEMENT	<input checked="" type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) <input type="checkbox"/> ELECTED OFFICER _____ (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 Celinda Garza

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 Israel, Celia M. FILER ID 00090781
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input checked="" type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 1015 E. Yager Lane #103  Austin, TX 78753  POSITION HELD  NATURE OF OCCUPATION <input checked="" type="checkbox"/> SELF-EMPLOYED Realtor

# 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 \$1,860 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 FILER INFORMATION	FILER NAME Israel, Celia M.	FILER ID 00090781
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First United	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$46,580 or more	

# 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 Israel, Celia M.	FILER ID 00090781
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  203 W. odell  Ausstsin, TX 78752	
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 checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# INTEREST IN BUSINESS ENTITIES

## PART 7B

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

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

1 FILER INFORMATION	FILER NAME Israel, Celia M.  FILER ID 00090781
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address)  Porchlight Properties ATX, LLC 1015 E. Yager Lane #103  Austsin, TX 78759
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

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 each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. 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> FILER INFORMATION	FILER NAME Israel, Celia M.	FILER ID 00090781
<b>2</b> BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Mission Resources 1015 E. Yager Lane #103  Austin, TX 78753	
<b>3</b> BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____	
<b>4</b> HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

# 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 FILER INFORMATION	FILER NAME Israel, Celia M.	FILER ID 00090781
2 ORGANIZATION	Texas House LGBT Caucus	
3 POSITION HELD	Member	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Texas House Democratic Caucus	
POSITION HELD	Member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Texas House Environmental Caucus	
POSITION HELD	Member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Texas House Progressive Caucus	
POSITION HELD	Member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Texas House Women's Health Caucus	
POSITION HELD	Member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

--	--	--

# 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.

Celia M. Israel

\_\_\_\_\_  
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

<b>1 NAME</b>	TITLE; FIRST; MI <p style="text-align: center;">Celia M.</p> <hr style="border-top: 1px dashed black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Israel</p>	PAGE # 12						
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP PO Box 16489  Austin, TX 78761  <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	<b>OFFICE USE ONLY</b>						
		Date Received ELECTRONICALLY FILED 08/29/2022  Receipt #						
<b>3 Spouse or Domestic Partner whose financial activity you are reporting</b>	SPOUSE Celinda Garza 1015 E Yager Ln Unit 103 Austin, TX 78753 Grocery Delivery	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">HD / PM</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged	
HD / PM	Amount							
Date Processed								
Date Imaged								
<b>4 REASON FOR FILING STATEMENT</b>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> MAYOR  <input type="checkbox"/> CITY COUNCIL MEMBER  <input type="checkbox"/> CITY STAFF/EMPLOYEE  <input checked="" 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><b>Filing Deadlines:</b>                  Mayor &amp; Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year.                  Except that outgoing Mayor &amp; 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	Texas House of Representatives
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE P.O. Box 2910 Austin, TX 78768-2910
3 NATURE OF OCCUPATION OR BUSINESS	State Representative
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 checked="" 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 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	Mission Resources
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 3604 Carla Dr Austin, TX 78755
NATURE OF OCCUPATION OR BUSINESS	Realtor
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" 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 type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	Self employed as a realtor
------	----------------------------

# 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	HEB
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 12860 Research Blvd Austin, TX 78750
3 NATURE OF OCCUPATION OR BUSINESS	Grocery Delivery
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" 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 type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO	Spouse income
--------	---------------

**SELF-EMPLOYMENT/PROFESSIONAL CORP./SMALL BUSINESS INCOME**

**PART 2**

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.

<b>1</b> NAME OF CLIENT OR CUSTOMER	Home and Hearth Realty
<b>2</b> ADDRESS	ADDRESS CITY STATE ZIP CODE 2700 Pearce Road Austin, TX 78730

**3** MEMO

**OTHER BUSINESS OWNERSHIPS/INTERESTS**

**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

**1** NAME OF COMPANY OR ENTITY

Porchlight Propterties LLC

**2** MEMO

**OTHER INCOME SOURCES**

**PART 7**

List all other income or revenue in excess of \$5,000 per source.

**1** NAME OF SOURCE

Rental Property

**2** CATEGORY OR AMOUNT

- At least \$1 but less than \$10,000
- At least \$10,000 but less than \$20,000
- At least \$20,000 but less than \$50,000
- At least \$50,000 but less than \$75,000
- At least \$75,000 but less than \$100,000
- \$100,000 or more, report to nearest \$100,000
- Enter an Amount

**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	ADDRESS CITY STATE ZIP CODE 3604 Carla Drive Austin, TX 78754
2 DESCRIPTION OF PROPERTY	House
3 PRESENT USE OF PROPERTY	N/A - sold in Summer 2021

4 MEMO



# REAL PROPERTY, BUSINESS ENTITY

PART 9

List and describe all real property held, owned, acquired or sold, or under a contract for sale, by a corporation, partnership, limited partnership, professional corporation, or other entity in which you own or control at least a 5% interest. The description should be sufficient to locate the property and include a street address, if any, and the present use of the property.

1 STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 203 W. Odell St. Austin, TX 78752
2 DESCRIPTION OF PROPERTY	Home
3 PRESENT USE OF PROPERTY	Rental income

4 MEMO  
Owned by LLC - "Porchlight Properties, LLC"

# LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	Discover Card
2 RATE OF INTEREST, IF ANY	12%
3 DATE OBLIGATION WAS INCURRED	2021-01-31
4 CATEGORY OR AMOUNT	<input checked="" 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 type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO

# BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

1 NAME OF ORGANIZATION	Texas House LGBTQ Caucus
2 POSITION HELD	Board Member

3 MEMO

NAME OF ORGANIZATION	Texas House Democratic Campaign Committee
POSITION HELD	Chair

MEMO  
Chair of the PAC

# 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.

Celia M. Israel

---

Signature of Filer