

**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 #  
22

ACCOUNT #  
00090501

**1 NAME**

TITLE; FIRST; MI

Jennifer M

NICKNAME; LAST; SUFFIX

Virden

**OFFICE USE ONLY**

Date Received

ELECTRONICALLY FILED

09/10/2022

**2 ADDRESS**

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

8307 High Oak DR

Austin, TX 78759-8132

(CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

**3 TELEPHONE NUMBER**

AREA CODE PHONE NUMBER; EXTENSION

(512) 658-3468

**4 REASON FOR FILING STATEMENT**

CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)

ELECTED OFFICER \_\_\_\_\_ (INDICATE OFFICE)

APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)

EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)

FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT

STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)

OTHER \_\_\_\_\_ (INDICATE POSITION)

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

SPOUSE Mr. Keith Virden

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.

<b>1</b> FILER INFORMATION	FILER NAME Virden, Jennifer M	FILER ID 00090501
<b>2</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
<b>3</b> 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 8307 High Oak DR  Austin, TX 78759-8132  POSITION HELD	
	<input checked="" type="checkbox"/> SELF-EMPLOYED                      NATURE OF OCCUPATION Real Estate Broker	

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
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 Heller Industries ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 4 Vreeland RD  Florham Park, NJ 07932-1501  POSITION HELD Vice President of Sales	
	<input type="checkbox"/> SELF-EMPLOYED                      NATURE OF OCCUPATION	

# 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> FILER INFORMATION	FILER NAME Virden, Jennifer M	FILER ID 00090501
<b>2</b> MUTUAL FUND	NAME Vanguard Explorer Fund Investor	
<b>3</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Vanguard Growth and Income Inv	
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"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Vanguard Health Care Fund Inv	
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"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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# 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> FILER INFORMATION	FILER NAME Virden, Jennifer M	FILER ID 00090501
<b>2</b> MUTUAL FUND	NAME Vanguard International Growth Inv	
<b>3</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Vanguard International Explorer Fund	
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"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Vanguard Mid-Cap Growth Fund	
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"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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# MUTUAL FUNDS

## PART 4

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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.

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<b>1</b> FILER INFORMATION	FILER NAME Virden, Jennifer M	FILER ID 00090501
<b>2</b> MUTUAL FUND	NAME Vanguard U.S. Growth Fund Investor 0023-88007585854	
<b>3</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Vanguard U.S. Growth Fund Investor 0023-88114388601	
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"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME Vanguard U.S. Growth Fund Investor 0023-88239435853	
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"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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# MUTUAL FUNDS

## PART 4

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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 FILER INFORMATION	FILER NAME Virden, Jennifer M FILER ID 00090501
2 MUTUAL FUND	NAME Vanguard Value Index Fund
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

MUTUAL FUND	NAME American Funds 2030 Target Date Fund R5
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input checked="" type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

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# 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 \$930 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> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Interest - UFCU ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 9350 Austin, TX 78766-9350	
<b>3</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Rents - Rental Property ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8227 Summer Side DR Austin, TX 78759-8315	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$9,320 but less than \$18,630	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Dividends - Vanguard SEP IRA ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 3009 Monroe, WI 53566-8309	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 Viriden, Jennifer M	FILER ID 00090501
<b>2</b> SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Dividends - American Funds 401(K) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
<b>3</b> RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> AMOUNT	At least \$46,580 or more	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Rents - Rental Property ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1212 Castle Hill ST Unit 12 Austin, TX 78703	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$18,630 but less than \$46,580	



# 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 Viriden, Jennifer M	FILER ID 00090501
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BSI Financial Services	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$46,580 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of Texas	
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	At least \$46,580 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of Texas	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	At least \$46,580 or more	

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# 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</b> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 8307 High Oak DR Austin, TX 78759-8132	
<b>4</b> 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	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# INTERESTS IN REAL PROPERTY

## PART 7A

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<b>1</b> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 328 Granite Shoals LN Sunrise Beach, TX 78643-9377	
<b>4</b> DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Llano	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# INTERESTS IN REAL PROPERTY

## PART 7A

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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.

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<b>1</b> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 8227 Summer Side DR  Austin, TX 78759-8315	
<b>4</b> DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 0.04600 acres Travis	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# INTERESTS IN REAL PROPERTY

## PART 7A

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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</b> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 8229 Summer Side DR  Austin, TX 78759-8315	
<b>4</b> DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 0.04900 acres Travis	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# INTERESTS IN REAL PROPERTY

PART 7A

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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.

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1 FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
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 1212 Castle Hill ST Unit 5 Austin, TX 78703-4138	
4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 0.02900 acres Travis	
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$18,630 but less than \$46,580	

# INTERESTS IN REAL PROPERTY

## PART 7A

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<b>1</b> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1212 Castle Hill ST Unit 11 Austin, TX 78703-4138	
<b>4</b> DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 0.03100 acres Travis	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Savannah, Viriden	
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# 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</b> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 113 Dakota DR Georgetown, TX 78633-1802	
<b>4</b> DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.22100 acres Williamson	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		



# 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</b> FILER INFORMATION	FILER NAME Viriden, Jennifer M	FILER ID 00090501
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 601 CR 261 Georgetown, TX 78633-1802	
<b>4</b> DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 56.59000 acres Williamson	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# 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 Virden, Jennifer M	FILER ID 00090501
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 type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1212 Castle Hill ST Unit 12 Austin, TX 78703	
4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 0.03400 acres Travis	
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Virden, Savannah	
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 Virden, Jennifer M FILER ID 00090501
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) AustinHaus Realty & Restorations, LLC 8307 High Oak DR  Austin, TX 78759-8132
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Ronald Byron Zent Estate c/o Claiborne L. Cowan, Attorney at Law 1403 West Sixth ST Austin, TX 78703-5105
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

Empty space for additional entries
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# 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 Viriden, Jennifer M	FILER ID 00090501
2 ORGANIZATION	Castle Hill Terrace Condominiums HOA Board of Directors	
3 POSITION HELD	Secretary	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	The Arbors Condominiums HOA Board of Directors	
POSITION HELD	VP & Secretary	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Walnut Springs Subdivision HOA Board of Directors	
POSITION HELD	Secretary	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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# 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.

Jennifer M Virden

\_\_\_\_\_  
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;">Jennifer M</p> <hr style="border-top: 1px dotted black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Virden</p>	PAGE # 16						
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 8307 High Oak DR  Austin, TX 78759-8132  <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>	Keith Virden  SPOUSE      8307 High Oak DR  Austin, TX 78759-8132  Vice President of Sales	<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	Self-Employed d/b/a AustinHaus Realty & Restorations, LLC
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 8307 High Oak DR Austin, TX 78759
3 NATURE OF OCCUPATION OR BUSINESS	Texas Real Estate Broker
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
5 MEMO	\$200,000.

NAME OF EMPLOYER OR SOURCE OF INCOME	Heller Industries
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 4 Vreeland RD Florham Park, NJ 07932
NATURE OF OCCUPATION OR BUSINESS	Vice President of Sales
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	\$400,000.
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**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.

1 NAME OF CLIENT OR CUSTOMER	Will Clark & Janet Martin-Clark
2 ADDRESS	ADDRESS CITY STATE ZIP CODE 3634 Ranch Creek DR Austin, TX 78730

3 MEMO

NAME OF CLIENT OR CUSTOMER	Robin W. Coopwood & Thomas Benton Coopwood, Jr.
ADDRESS	ADDRESS CITY STATE ZIP CODE 7821 West Rim DR Austin, TX 78731

MEMO

NAME OF CLIENT OR CUSTOMER	Jill Dorris & Eric Dorris
ADDRESS	ADDRESS CITY STATE ZIP CODE 9609 Glenlake DR Austin, TX 78730

MEMO

NAME OF CLIENT OR CUSTOMER	Samantha Kattan
ADDRESS	ADDRESS CITY STATE ZIP CODE 5913 69th AVE Ridgewood, NY 11385

MEMO

# NON-OCCUPATION INCOME

PART 3

List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

1 NAME OF SOURCE	1212 Castle Hill ST, Unit 12
2 NATURE OF INCOME	Rental Income
3 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

4 MEMO	
--------	--

NAME OF SOURCE	8227 Summer Side DR
NATURE OF INCOME	Rental Income
3 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	
------	--

**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.

<b>1</b> NAME OF COMPANY OR ENTITY	AustinHaus Realty & Restorations, LLC
------------------------------------	---------------------------------------

<b>2</b> MEMO	I'm the Managing Member of this LLC
---------------	-------------------------------------

**OTHER INCOME SOURCES**

**PART 7**

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

1 NAME OF SOURCE	The Estate of Ronald B. Zent
2 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

3 MEMO	\$300,000.
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# 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.

<b>1</b> STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 8307 High Oak DR Austin, TX 78759
<b>2</b> DESCRIPTION OF PROPERTY	Single Family Residence
<b>3</b> PRESENT USE OF PROPERTY	Primary Residence/Homestead

**4** MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 328 Granite Shoals LN Sunrise Beach, TX 78643
DESCRIPTION OF PROPERTY	Single Family Residence
PRESENT USE OF PROPERTY	Second Home

MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 8227 Summer Side DR Austin, TX 78759
DESCRIPTION OF PROPERTY	Condo
PRESENT USE OF PROPERTY	Rental Property

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 8229 Summer Side DR Austin, TX 78759
2 DESCRIPTION OF PROPERTY	Condo
3 PRESENT USE OF PROPERTY	Rental Property
4 MEMO	Vacant all of 2021.
STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 1212 Castle Hill ST Unit 11 Austin, TX 78703
DESCRIPTION OF PROPERTY	Condo
PRESENT USE OF PROPERTY	Daughter's Homestead
MEMO	
STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 1212 Castle Hill ST Unit 5 Austin, TX 78703
DESCRIPTION OF PROPERTY	Condo
PRESENT USE OF PROPERTY	Rental Property
MEMO	Sold 2/2021.

# 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 113 Dakota DR Georgetown, TX 78633
2 DESCRIPTION OF PROPERTY	Vacant Subdivison Lot
3 PRESENT USE OF PROPERTY	Investment

4 MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 601 CR 261 Georgetown, TX 78633
DESCRIPTION OF PROPERTY	56.59 Acres of Raw Land
PRESENT USE OF PROPERTY	Agricultural

MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 1212 Castle Hill ST Unit 12 Austin, TX 78703
DESCRIPTION OF PROPERTY	Condo
PRESENT USE OF PROPERTY	Rental Property

MEMO

# 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	Bank of Texas
2 RATE OF INTEREST, IF ANY	4.0
3 DATE OBLIGATION WAS INCURRED	2019-07-31
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
5 MEMO	\$200,000.

NAME OF LENDER/CREDITOR/OBLIGEE	Bank of Texas
RATE OF INTEREST, IF ANY	4.0
DATE OBLIGATION WAS INCURRED	2019-09-27
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	\$200,000.
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# 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	Chase MasterCard Credit Card
2 RATE OF INTEREST, IF ANY	17.49
3 DATE OBLIGATION WAS INCURRED	2019-12-01
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	This is a revolving credit card account, which balance is paid in full every month.

NAME OF LENDER/CREDITOR/OBLIGEE	Chase Visa Credit Card
RATE OF INTEREST, IF ANY	15.74
DATE OBLIGATION WAS INCURRED	2019-12-01
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

MEMO	This is a revolving credit card account, which balance is paid in full every month.
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# 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	Capital One MasterCard Credit Card
2 RATE OF INTEREST, IF ANY	14.98
3 DATE OBLIGATION WAS INCURRED	2019-12-01
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	This is a revolving credit card account, which balance is paid in full every month.
NAME OF LENDER/CREDITOR/OBLIGEE	MasterCard
RATE OF INTEREST, IF ANY	28.49
DATE OBLIGATION WAS INCURRED	2019-12-01
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
MEMO	This is a revolving credit card account, which balance is paid in full every month.

# 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	BSI Financial Services
2 RATE OF INTEREST, IF ANY	2.75
3 DATE OBLIGATION WAS INCURRED	2020-08-13
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

5 MEMO	\$200,000.
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# 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	Castle Hill Terrace Condominiums HOA Board of Directors
2 POSITION HELD	Secretary

3 MEMO

NAME OF ORGANIZATION	The Arbors Condominiums HOA Board of Directors
POSITION HELD	VP & Secretary

MEMO

NAME OF ORGANIZATION	Walnut Springs Subdivision HOA Board of Directors
POSITION HELD	Secretary

MEMO

# STATEMENT OF FINANCIAL INFORMATION

## PARTS MARKED "NOT APPLICABLE" BY FILER

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- 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.

Jennifer M Virden

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Signature of Filer