

# PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

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

COVER SHEET

PAGE 1

|  |   |  |                 |                 |
|--|---|--|-----------------|-----------------|
| Filed in accordance with chapter 572 of the Government Code.<br>For filings required in 2022, covering calendar year ending December 31, 2021.<br>Use FORM PFS--INSTRUCTION GUIDE when completing this form. |   | TOTAL NUMBER OF PAGES FILED: _____<br><br>Filer ID _____   |                 |                 |
| <b>1 NAME</b>  | TITLE; FIRST; MI<br><br>.AA<br>NICKNAME; LAST; SUFFIX | <b>OFFICE USE ONLY</b><br><br>Date Received _____<br><br><br>Date Hand-delivered or Date Postmarked _____<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt # _____</td> <td style="width: 50%; padding: 2px;">Amount \$ _____</td> </tr> </table> | Receipt # _____ | Amount \$ _____ |
| Receipt # _____  | Amount \$ _____   |  |                 |                 |
| <b>2 ADDRESS</b>   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><br><br><input type="checkbox"/> (Check If Filer's Home Address)  |  |                 |                 |
| <b>3 TELEPHONE NUMBER</b>  | AREA CODE                      PHONE NUMBER; EXTENSION<br>(        )  |  |                 |                 |

|                                      |  |
|--------------------------------------|--|
| <b>4 REASON FOR FILING STATEMENT</b> | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)<br><input type="checkbox"/> ELECTED OFFICER _____ (INDICATE OFFICE)<br><input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)<br><input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)<br><input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT<br><input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)<br><input type="checkbox"/> OTHER _____ (INDICATE POSITION) |
|--------------------------------------|--|

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

SPOUSE \_\_\_\_\_

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

2. \_\_\_\_\_

3. \_\_\_\_\_

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

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

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

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Assets of Business Associations
- N/A Part 11B - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

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

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

|   |   |        |                       |
|---|---|--------|-----------------------|
| <b>1</b><br>INFORMATION RELATES TO  | FILER   | SPOUSE | DEPENDENT CHILD _____ |
| <b>2</b><br>EMPLOYMENT<br><br>EMPLOYED BY ANOTHER<br><br>_____<br>SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br>(Check If Filer's Home Address) |        |                       |
|   | NATURE OF OCCUPATION  |        |                       |

|   |  |        |                       |
|---|--|--------|-----------------------|
| INFORMATION RELATES TO  | FILER  | SPOUSE | DEPENDENT CHILD _____ |
| EMPLOYMENT<br><br>EMPLOYED BY ANOTHER<br><br>_____<br>SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address) |        |                       |
|   | NATURE OF OCCUPATION   |        |                       |

|   |   |        |                       |
|---|---|--------|-----------------------|
| INFORMATION RELATES TO  | FILER   | SPOUSE | DEPENDENT CHILD _____ |
| EMPLOYMENT<br><br>EMPLOYED BY ANOTHER<br><br>_____<br>SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br>(Check If Filer's Home Address) |        |                       |
|   | NATURE OF OCCUPATION  |        |                       |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# RETAINERS

# PART 1B

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.**

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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><br>FEE RECEIVED FROM | NAME AND ADDRESS   |
| <b>2</b><br>FEE RECEIVED BY   | NAME OF BUSINESS<br><br>FILER<br>OR FILER'S BUSINESS _____<br><br>SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br>DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>3</b><br>FEE AMOUNT        | LESS THAN \$J,300      \$J,300 - \$11,100      \$11,600 - \$41,119      \$41,110 OR MORE   |

|                   |  |
|-------------------|--|
| FEE RECEIVED FROM | NAME AND ADDRESS   |
| FEE RECEIVED BY   | NAME OF BUSINESS<br><br>FILER<br>OR FILER'S BUSINESS _____<br><br>SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br>DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| FEE AMOUNT        | LESS THAN \$J,300      \$J,300 - \$11,100      \$11,600 - \$41,119      \$41,110 OR MORE   |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# STOCK

## PART 2

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 business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was 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 BUSINESS ENTITY</b>           | NAME           |                   |                       |                     |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | FILER          | SPOUSE            | DEPENDENT CHILD _____ |                     |
| <b>3 NUMBER OF SHARES</b>          | LESS THAN 100  | 100 TO 499        | 500 TO 999            | 1,000 TO 4,999      |
|                                    | 5,000 TO 9,999 | 10,000 OR MORE    |                       |                     |
| <b>4 IF SOLD</b>                   | NET GAIN       | LESS THAN \$J,300 | \$J,300 - \$11,100    | \$11,600 - \$41,119 |
|                                    | NET LOSS       |                   |                       |                     |

|                           |                |                   |                       |                     |
|---------------------------|----------------|-------------------|-----------------------|---------------------|
| BUSINESS ENTITY           | NAME           |                   |                       |                     |
| STOCK HELD OR ACQUIRED BY | FILER          | SPOUSE            | DEPENDENT CHILD _____ |                     |
| NUMBER OF SHARES          | LESS THAN 100  | 100 TO 499        | 500 TO 999            | 1,000 TO 4,999      |
|                           | 5,000 TO 9,999 | 10,000 OR MORE    |                       |                     |
| IF SOLD                   | NET GAIN       | LESS THAN \$J,300 | \$J,300 - \$11,100    | \$11,600 - \$41,119 |
|                           | NET LOSS       |                   |                       |                     |

|                           |                |                   |                       |                     |
|---------------------------|----------------|-------------------|-----------------------|---------------------|
| BUSINESS ENTITY           | NAME           |                   |                       |                     |
| STOCK HELD OR ACQUIRED BY | FILER          | SPOUSE            | DEPENDENT CHILD _____ |                     |
| NUMBER OF SHARES          | LESS THAN 100  | 100 TO 499        | 500 TO 999            | 1,000 TO 4,999      |
|                           | 5,000 TO 9,999 | 10,000 OR MORE    |                       |                     |
| IF SOLD                   | NET GAIN       | LESS THAN \$J,300 | \$J,300 - \$11,100    | \$11,600 - \$41,119 |
|                           | NET LOSS       |                   |                       |                     |

|                           |                |                   |  |  |
|---------------------------|----------------|-------------------|--|--|
| BUSINESS ENTITY           | NAME           |                   |  |  |
| STOCK HELD OR ACQUIRED BY | FILER          | SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES          | LESS THAN 100  | 100 TO 499        | 500 TO 999                                     | 1,000 TO 4,999                               |
|                           | 5,000 TO 9,999 | 10,000 OR MORE    |  |  |
| IF SOLD                   | NET GAIN       | LESS THAN \$J,300 | <input type="checkbox"/> \$J,300 - \$11,100    | <input type="checkbox"/> \$11,600 - \$41,119 |
|                           | NET LOSS       |                   |  |  |

|                           |                |                   |                       |                     |
|---------------------------|----------------|-------------------|-----------------------|---------------------|
| BUSINESS ENTITY           | NAME           |                   |                       |                     |
| STOCK HELD OR ACQUIRED BY | FILER          | SPOUSE            | DEPENDENT CHILD _____ |                     |
| NUMBER OF SHARES          | LESS THAN 100  | 100 TO 499        | 500 TO 999            | 1,000 TO 4,999      |
|                           | 5,000 TO 9,999 | 10,000 OR MORE    |                       |                     |
| IF SOLD                   | NET GAIN       | LESS THAN \$J,300 | \$J,300 - \$11,100    | \$11,600 - \$41,119 |
|                           | NET LOSS       |                   |                       |                     |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BONDS, NOTES & OTHER COMMERCIAL PAPER

## PART 3

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 bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, 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><br>DESCRIPTION<br>OF INSTRUMENT |                   |                    |                       |                  |
| <b>2</b><br>HELD OR ACQUIRED BY          | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| <b>3</b><br>IF SOLD                      |                   |                    |                       |                  |
| NET GAIN                                 | LESS THAN \$J,300 | \$J,300 - \$11,100 | \$11,600 - \$41,119   | \$41,120 OR MORE |
| NET LOSS                                 |                   |                    |                       |                  |

|                              |                   |                    |                       |                  |
|------------------------------|-------------------|--------------------|-----------------------|------------------|
| DESCRIPTION<br>OF INSTRUMENT |                   |                    |                       |                  |
| HELD OR ACQUIRED BY          | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| IF SOLD                      |                   |                    |                       |                  |
| NET GAIN                     | LESS THAN \$J,300 | \$J,300 - \$11,100 | \$11,600 - \$41,119   | \$41,120 OR MORE |
| NET LOSS                     |                   |                    |                       |                  |

|                              |                   |                    |                       |                  |
|------------------------------|-------------------|--------------------|-----------------------|------------------|
| DESCRIPTION<br>OF INSTRUMENT |                   |                    |                       |                  |
| HELD OR ACQUIRED BY          | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| IF SOLD                      |                   |                    |                       |                  |
| NET GAIN                     | LESS THAN \$J,300 | \$J,300 - \$11,100 | \$11,600 - \$41,119   | \$41,120 OR MORE |
| NET LOSS                     |                   |                    |                       |                  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# MUTUAL FUNDS

# PART 4

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

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|  |                |                   |                       |                     |
|--|----------------|-------------------|-----------------------|---------------------|
| <b>1</b> MUTUAL FUND                               | NAME           |                   |                       |                     |
| <b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | FILER          | SPOUSE            | DEPENDENT CHILD _____ |                     |
| <b>3</b> NUMBER OF SHARES OF MUTUAL FUND           | LESS THAN 100  | 100 TO 499        | 500 TO 999            | 1,000 TO 4,999      |
|  | 5,000 TO 9,999 | 10,000 OR MORE    |                       |                     |
| <b>4</b> IF SOLD                                   | NET GAIN       | LESS THAN \$J,300 | \$J,300 - \$11,100    | \$11,600 - \$41,119 |
|  | NET LOSS       |                   |                       |                     |

|   |                |                   |                       |                     |
|---|----------------|-------------------|-----------------------|---------------------|
| MUTUAL FUND                               | NAME           |                   |                       |                     |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | FILER          | SPOUSE            | DEPENDENT CHILD _____ |                     |
| NUMBER OF SHARES OF MUTUAL FUND           | LESS THAN 100  | 100 TO 499        | 500 TO 999            | 1,000 TO 4,999      |
|   | 5,000 TO 9,999 | 10,000 OR MORE    |                       |                     |
| IF SOLD                                   | NET GAIN       | LESS THAN \$J,300 | \$J,300 - \$11,100    | \$11,600 - \$41,119 |
|   | NET LOSS       |                   |                       |                     |

|   |                |                   |                       |                     |
|---|----------------|-------------------|-----------------------|---------------------|
| MUTUAL FUND                               | NAME           |                   |                       |                     |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | FILER          | SPOUSE            | DEPENDENT CHILD _____ |                     |
| NUMBER OF SHARES OF MUTUAL FUND           | LESS THAN 100  | 100 TO 499        | 500 TO 999            | 1,000 TO 4,999      |
|   | 5,000 TO 9,999 | 10,000 OR MORE    |                       |                     |
| IF SOLD                                   | NET GAIN       | LESS THAN \$J,300 | \$J,300 - \$11,100    | \$11,600 - \$41,119 |
|   | NET LOSS       |                   |                       |                     |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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

List each source of income you, your spouse, or a dependent child received *in excess of \$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.

|  |   |
|--|---|
| <sup>1</sup> SOURCE OF INCOME<br><br>Publicly held corporation | NAME AND ADDRESS  |
| <sup>2</sup> RECEIVED BY                                       | FILER                      SPOUSE                      DEPENDENT CHILD _____                              |
| <sup>3</sup> AMOUNT  | \$930--\$9,319              \$J,3G - \$1ì,îG              \$1ì,6HD - \$4î,í9              \$4î,í0 OR MORE |

|   |   |
|---|---|
| SOURCE OF INCOME<br><br>Publicly held corporation | NAME AND ADDRESS  |
| RECEIVED BY                                       | FILER                      SPOUSE                      DEPENDENT CHILD _____                              |
| AMOUNT  | \$930--\$9,319              \$J,3G - \$1ì,îG              \$1ì,6HD - \$4î,í9              \$4î,í0 OR MORE |

|   |   |
|---|---|
| SOURCE OF INCOME<br><br>Publicly held corporation | NAME AND ADDRESS  |
| RECEIVED BY                                       | FILER                      SPOUSE                      DEPENDENT CHILD _____                              |
| AMOUNT  | \$930--\$9,319              \$J,3G - \$1ì,îG              \$1ì,6HD - \$4î,í9              \$4î,í0 OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

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

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,860* 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.

|  |                                |                                 |  |                  |
|--|--------------------------------|---------------------------------|--|------------------|
| <sup>1</sup> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT |                                |                                 |  |                  |
| <sup>2</sup> LIABILITY OF  | FILER                          | SPOUSE                          | DEPENDENT CHILD _____                          |                  |
| <sup>3</sup> GUARANTOR   |                                |                                 |  |                  |
| <sup>4</sup> AMOUNT  | \$1,110--\$J,HFJ               | \$J,300--\$11,100               | \$11,610--\$41,119                             | \$41,110 OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT              |                                |                                 |  |                  |
| LIABILITY OF   | FILER                          | SPOUSE                          | DEPENDENT CHILD _____                          |                  |
| GUARANTOR  |                                |                                 |  |                  |
| AMOUNT   | \$1,110--\$J,HFJ               | \$J,300--\$11,100               | \$11,610--\$41,119                             | \$41,110 OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT              |                                |                                 |  |                  |
| LIABILITY OF   | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |                  |
| GUARANTOR  |                                |                                 |  |                  |
| AMOUNT   | \$1,110--\$J,HFJ               | \$J,300--\$11,100               | \$11,610--\$41,119                             | \$41,110 OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN REAL PROPERTY

## PART 7A

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

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

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

|   |  |                    |                       |                  |
|---|--|--------------------|-----------------------|------------------|
| <b>1 HELD OR ACQUIRED BY</b>  | FILER  | SPOUSE             | DEPENDENT CHILD _____ |                  |
| <b>2 STREET ADDRESS</b><br>NOT AVAILABLE<br>CHECK IF FILER'S HOME ADDRESS                       | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE        |                    |                       |                  |
| <b>3 DESCRIPTION</b><br>LOTS<br>ACRES   | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED |                    |                       |                  |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b><br>NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) |  |                    |                       |                  |
| <b>5 IF SOLD</b><br>NET GAIN<br>NET LOSS  | LESS THAN \$9,320  | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |

|   |  |                    |                       |                  |
|---|--|--------------------|-----------------------|------------------|
| <b>HELD OR ACQUIRED BY</b>  | FILER  | SPOUSE             | DEPENDENT CHILD _____ |                  |
| <b>STREET ADDRESS</b><br>NOT AVAILABLE<br>CHECK IF FILER'S HOME ADDRESS                       | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE        |                    |                       |                  |
| <b>DESCRIPTION</b><br>LOTS<br>ACRES   | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED |                    |                       |                  |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br>NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) |  |                    |                       |                  |
| <b>IF SOLD</b><br>NET GAIN<br>NET LOSS  | LESS THAN \$9,320  | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS 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.

|                                 |   |                    |                       |                  |
|---------------------------------|---|--------------------|-----------------------|------------------|
| <b>1</b><br>HELD OR ACQUIRED BY | FILER   | SPOUSE             | DEPENDENT CHILD _____ |                  |
|                                 | NAME AND ADDRESS<br>(Check If Filer's Home Address) |                    |                       |                  |
| <b>2</b><br>DESCRIPTION         |   |                    |                       |                  |
| <b>3</b><br>IF SOLD             | LESS THAN \$9,320                                   | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
|                                 | NET GAIN  |                    |                       |                  |
| NET LOSS                        |   |                    |                       |                  |

|   |                   |                    |                       |                  |
|---|-------------------|--------------------|-----------------------|------------------|
| HELD OR ACQUIRED BY                                 | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| NAME AND ADDRESS<br>(Check If Filer's Home Address) |                   |                    |                       |                  |
| DESCRIPTION   |                   |                    |                       |                  |
| IF SOLD   | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| NET GAIN  |                   |                    |                       |                  |
| NET LOSS  |                   |                    |                       |                  |

|   |                   |                    |                       |                  |
|---|-------------------|--------------------|-----------------------|------------------|
| HELD OR ACQUIRED BY                                 | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| NAME AND ADDRESS<br>(Check If Filer's Home Address) |                   |                    |                       |                  |
| DESCRIPTION   |                   |                    |                       |                  |
| IF SOLD   | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| NET GAIN  |                   |                    |                       |                  |
| NET LOSS  |                   |                    |                       |                  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# GIFTS

# PART 8

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 any person or organization that has given a gift *worth more than \$470* to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|                                  |  |
|----------------------------------|--|
| <sup>1</sup> DONOR               | NAME AND ADDRESS   |
| <sup>2</sup> RECIPIENT           | FILER                      SPOUSE                      DEPENDENT CHILD _____ |
| <sup>3</sup> DESCRIPTION OF GIFT |  |

|                     |  |
|---------------------|--|
| DONOR               | NAME AND ADDRESS   |
| RECIPIENT           | FILER                      SPOUSE                      DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT |  |

|                     |  |
|---------------------|--|
| DONOR               | NAME AND ADDRESS   |
| RECIPIENT           | FILER                      SPOUSE                      DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT |  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# TRUST INCOME

# PART 9

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 source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$930*, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|   |                   |                    |                       |                  |
|---|-------------------|--------------------|-----------------------|------------------|
| <sup>1</sup> SOURCE   | NAME OF TRUST     |                    |                       |                  |
| <sup>2</sup> BENEFICIARY  | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| <sup>3</sup> INCOME   | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| <sup>4</sup> ASSETS FROM WHICH OVER \$930 WAS RECEIVED<br><br>UNKNOWN |                   |                    |                       |                  |

|  |                   |                    |                       |                  |
|--|-------------------|--------------------|-----------------------|------------------|
| SOURCE   | NAME OF TRUST     |                    |                       |                  |
| BENEFICIARY  | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| INCOME   | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| ASSETS FROM WHICH OVER \$930 WAS RECEIVED<br><br>UNKNOWN |                   |                    |                       |                  |

|  |                   |                    |                       |                  |
|--|-------------------|--------------------|-----------------------|------------------|
| SOURCE   | NAME OF TRUST     |                    |                       |                  |
| BENEFICIARY  | FILER             | SPOUSE             | DEPENDENT CHILD _____ |                  |
| INCOME   | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| ASSETS FROM WHICH OVER \$930 WAS RECEIVED<br><br>UNKNOWN |                   |                    |                       |                  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BLIND TRUSTS

# PART 10A

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 blind trust that complies with section 572.023(c) of the Government Code. 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 NAME OF TRUST     |   |                    |                       |                  |
| 2 TRUSTEE           | NAME AND ADDRESS<br>(Check If Filer's Home Address) |                    |                       |                  |
| 3 BENEFICIARY       | FILER   | SPOUSE             | DEPENDENT CHILD _____ |                  |
| 4 FAIR MARKET VALUE | LESS THAN \$9,320                                   | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| 5 DATE CREATED      |   |                    |                       |                  |

|                   |   |                    |                       |                  |
|-------------------|---|--------------------|-----------------------|------------------|
| NAME OF TRUST     |   |                    |                       |                  |
| TRUSTEE           | NAME AND ADDRESS<br>(Check If Filer's Home Address) |                    |                       |                  |
| BENEFICIARY       | FILER   | SPOUSE             | DEPENDENT CHILD _____ |                  |
| FAIR MARKET VALUE | LESS THAN \$9,320                                   | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| DATE CREATED      |   |                    |                       |                  |

|                   |   |                    |                       |                  |
|-------------------|---|--------------------|-----------------------|------------------|
| NAME OF TRUST     |   |                    |                       |                  |
| TRUSTEE           | NAME AND ADDRESS<br>(Check If Filer's Home Address) |                    |                       |                  |
| BENEFICIARY       | FILER   | SPOUSE             | DEPENDENT CHILD _____ |                  |
| FAIR MARKET VALUE | LESS THAN \$9,320                                   | \$9,320 - \$18,629 | \$18,630 - \$46,579   | \$46,580 OR MORE |
| DATE CREATED      |   |                    |                       |                  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# TRUSTEE STATEMENT

## PART 10B

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.**

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

|  |   |
|--|---|
| 1 NAME OF TRUST                                  |   |
| 2 TRUSTEE NAME                                   |   |
| 3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED | NAME  |
| 4 TRUSTEE STATEMENT                              | <p>I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Trustee Signature</p> |

### § 572.023. Contents of Financial Statement in General

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

DO NOT include this page in the report.

...

Y @} ...

|   |                             |  |  |   |
|---|-----------------------------|--|--|---|
| 1 | ÓWÚÐ ÒÙÙÁÊÛÙÙ ÓÐË/ŲÞ        | NAME ÁÞÓÁÐÓÙÓÙ<br>Q@ & /ÁÁq!CÁP [ ^ÁÓðá!Á••D |  |   |
| 2 | ÓWÚÐ ÒÙÙÁŸÚÓ                | Ó [ ] [ ] [ ] [ ] [ ] [ ]<br>Ø{<br>Úæð Á!•@  | Şq æáÁÚæð Á!•@<br>Şq æáÁŞæðæ Á!æð Á!•@<br>Ú [ Á••q } æÁÓ [ ] [ ] [ ] [ ] | Ú [ Á••q } æÁÓ• [ Şæq } Á<br>R q ÓX^} ç!^<br>Uc@! _____ |
| 3 | PÖSÖÊÆËËÓÛŲÏÓÖË<br>UÛÁÛSÖÓŸ | <input type="checkbox"/> øSÖÙ                | <input type="checkbox"/> ÛÙŲÛÓ   | ÖÖÙÓÞÖÖÞVÁÓPŞÖ _____                                    |
|   | ÓWÚÐ ÒÙÙÁÊÛÙÙ ÓÐË/ŲÞ        | NAME ÁÞÓÁÐÓÙÓÙ<br>Q@ & /ÁÁq!CÁP [ ^ÁÓðá!Á••D |  |   |
|   | ÓWÚÐ ÒÙÙÁŸÚÓ                | Ó [ ] [ ] [ ] [ ] [ ] [ ]<br>Ø{<br>Úæð Á!•@  | Şq æáÁÚæð Á!•@<br>Şq æáÁŞæðæ Á!æð Á!•@<br>Ú [ Á••q } æÁÓ [ ] [ ] [ ] [ ] | Ú [ Á••q } æÁÓ• [ Şæq }<br>R q ÓX^} ç!^<br>Uc@! _____   |
|   | PÖSÖÊÆËËÓÛŲÏÓÖË<br>UÛÁÛSÖÓŸ | <input type="checkbox"/> øSÖÙ                | <input type="checkbox"/> ÛÙŲÛÓ   | <input type="checkbox"/> ÖÖÙÓÞÖÖÞVÁÓPŞÖ _____           |
|   | ÓWÚÐ ÒÙÙÁÊÛÙÙ ÓÐË/ŲÞ        | NAME ÁÞÓÁÐÓÙÓÙ<br>Q@ & /ÁÁq!CÁP [ ^ÁÓðá!Á••D |  |   |
|   | ÓWÚÐ ÒÙÙÁŸÚÓ                | Ó [ ] [ ] [ ] [ ] [ ] [ ]<br>Ø{<br>Úæð Á!•@  | Şq æáÁÚæð Á!•@<br>Şq æáÁŞæðæ Á!æð Á!•@<br>Ú [ Á••q } æÁÓ [ ] [ ] [ ] [ ] | Ú [ Á••q } æÁÓ• [ Şæq }<br>R q ÓX^} ç!^<br>Uc@! _____   |
|   | PÖSÖÊÆËËÓÛŲÏÓÖË<br>UÛÁÛSÖÓŸ | <input type="checkbox"/> øSÖÙ                | <input type="checkbox"/> ÛÙŲÛÓ   | <input type="checkbox"/> ÖÖÙÓÞÖÖÞVÁÓPŞÖ _____           |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11B

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 assets of 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 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. 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 BUSINESS ASSOCIATION</b>       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address) |                    |                       |
| <b>2 BUSINESS TYPE</b>              |  |                    |                       |
| <b>3 HELD, ACQUIRED, OR SOLD BY</b> | FILER  | SPOUSE             | DEPENDENT CHILD _____ |
| <b>4 ASSETS</b>                     | DESCRIPTION  | CATEGORY           |                       |
|                                     |  | LESS THAN \$9,320  | \$9,320--\$18,629     |
|                                     |  | \$18,630--\$46,579 | \$46,580 OR MORE      |
|                                     | · · · · ·  | LESS THAN \$9,320  | \$9,320--\$18,629     |
|                                     |  | \$18,630--\$46,579 | \$46,580 OR MORE      |
|                                     | · · · · ·  | LESS THAN \$9,320  | \$9,320--\$18,629     |
|                                     |  | \$18,630--\$46,579 | \$46,580 OR MORE      |
|                                     | · · · · ·  | LESS THAN \$9,320  | \$9,320--\$18,629     |
|                                     |  | \$18,630--\$46,579 | \$46,580 OR MORE      |
|                                     | · · · · ·  | LESS THAN \$9,320  | \$9,320--\$18,629     |
|                                     |  | \$18,630--\$46,579 | \$46,580 OR MORE      |
|                                     | · · · · ·  | LESS THAN \$9,320  | \$9,320--\$18,629     |
|                                     |  | \$18,630--\$46,579 | \$46,580 OR MORE      |
|                                     | · · · · ·  | LESS THAN \$9,320  | \$9,320--\$18,629     |
|                                     |  | \$18,630--\$46,579 | \$46,580 OR MORE      |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# LIABILITIES OF BUSINESS ASSOCIATIONS

# PART 11C

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 liabilities of 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 50 percent or more of the outstanding ownership and indicate the category of the amount of the liabilities. 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 BUSINESS ASSOCIATION | NAME AND ADDRESS<br>(Check If Filer's Home Address) |
|------------------------|---|

|                 |  |
|-----------------|--|
| 2 BUSINESS TYPE |  |
|-----------------|--|

|                              |       |        |                       |
|------------------------------|-------|--------|-----------------------|
| 3 HELD, ACQUIRED, OR SOLD BY | FILER | SPOUSE | DEPENDENT CHILD _____ |
|------------------------------|-------|--------|-----------------------|

| 4 LIABILITIES | DESCRIPTION  | CATEGORY           |  |
|---------------|--|--------------------|--|
|               |  |                    | LESS THAN \$9,320                                    |
|               |  | \$18,630--\$46,579 | \$46,580 OR MORE                                     |
|               | AA | AAAAAAAAAAAA       | AA |
|               |  | LESS THAN \$9,320  | \$9,320--\$18,629                                    |
|               |  | \$18,630--\$46,579 | \$46,580 OR MORE                                     |
|               | AA | AAAAAAAAAAAA       | AA |
|               |  | LESS THAN \$9,320  | \$9,320--\$18,629                                    |
|               |  | \$18,630--\$46,579 | \$46,580 OR MORE                                     |
|               | AA | AAAAAAAAAAAA       | AA |
|               |  | LESS THAN \$9,320  | \$9,320--\$18,629                                    |
|               |  | \$18,630--\$46,579 | \$46,580 OR MORE                                     |
|               | AA | AAAAAAAAAAAA       | AA |
|               |  | LESS THAN \$9,320  | \$9,320--\$18,629                                    |
|               |  | \$18,630--\$46,579 | \$46,580 OR MORE                                     |
|               | AA | AAAAAAAAAAAA       | AA |
|               |  | LESS THAN \$9,320  | \$9,320--\$18,629                                    |
|               |  | \$18,630--\$46,579 | \$46,580 OR MORE                                     |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

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

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|                               |       |        |                       |
|-------------------------------|-------|--------|-----------------------|
| <sup>1</sup> ORGANIZATION     |       |        |                       |
| <sup>2</sup> POSITION HELD    |       |        |                       |
| <sup>3</sup> POSITION HELD BY | FILER | SPOUSE | DEPENDENT CHILD _____ |
| ORGANIZATION                  |       |        |                       |
| POSITION HELD                 |       |        |                       |
| POSITION HELD BY              | FILER | SPOUSE | DEPENDENT CHILD _____ |
| ORGANIZATION                  |       |        |                       |
| POSITION HELD                 |       |        |                       |
| POSITION HELD BY              | FILER | SPOUSE | DEPENDENT CHILD _____ |
| ORGANIZATION                  |       |        |                       |
| POSITION HELD                 |       |        |                       |
| POSITION HELD BY              | FILER | SPOUSE | DEPENDENT CHILD _____ |
| ORGANIZATION                  |       |        |                       |
| POSITION HELD                 |       |        |                       |
| POSITION HELD BY              | FILER | SPOUSE | DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

# PART 13

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 any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

|                       |                  |
|-----------------------|------------------|
| <sup>1</sup> PROVIDER | NAME AND ADDRESS |
| <sup>2</sup> AMOUNT   |                  |
| PROVIDER              | NAME AND ADDRESS |
| AMOUNT                |                  |
| PROVIDER              | NAME AND ADDRESS |
| AMOUNT                |                  |
| PROVIDER              | NAME AND ADDRESS |
| AMOUNT                |                  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

## PART 14

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 corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

|                           |   |        |                       |
|---------------------------|---|--------|-----------------------|
| <b>1</b> BUSINESS ENTITY  | NAME AND ADDRESS<br>(Check If Filer's Home Address) |        |                       |
| <b>2</b> INTEREST HELD BY | FILER   | SPOUSE | DEPENDENT CHILD _____ |
| BUSINESS ENTITY           | NAME AND ADDRESS<br>(Check If Filer's Home Address) |        |                       |
| INTEREST HELD BY          | FILER   | SPOUSE | DEPENDENT CHILD _____ |
| BUSINESS ENTITY           | NAME AND ADDRESS<br>(Check If Filer's Home Address) |        |                       |
| INTEREST HELD BY          | FILER   | SPOUSE | DEPENDENT CHILD _____ |
| BUSINESS ENTITY           | NAME AND ADDRESS<br>(Check If Filer's Home Address) |        |                       |
| INTEREST HELD BY          | FILER   | SPOUSE | DEPENDENT CHILD _____ |
| BUSINESS ENTITY           | NAME AND ADDRESS<br>(Check If Filer's Home Address) |        |                       |
| INTEREST HELD BY          | FILER   | SPOUSE | DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

**PART 15**

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.**

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

| 1<br>PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED |                   |                    |                     |                  |
|---|-------------------|--------------------|---------------------|------------------|
| 2<br>FEE CATEGORY                                     | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED      |                   |                    |                     |                  |
| FEE CATEGORY  | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED      |                   |                    |                     |                  |
| FEE CATEGORY  | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED      |                   |                    |                     |                  |
| FEE CATEGORY  | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED      |                   |                    |                     |                  |
| FEE CATEGORY  | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED      |                   |                    |                     |                  |
| FEE CATEGORY  | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

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.**

*This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS--INSTRUCTION GUIDE.*

**Note:** Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

|                                 |                   |                    |                     |                  |
|---------------------------------|-------------------|--------------------|---------------------|------------------|
| <sup>1</sup> STATE AGENCY       |                   |                    |                     |                  |
| <sup>2</sup> PERSON REPRESENTED |                   |                    |                     |                  |
| <sup>3</sup> FEE CATEGORY       | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| STATE AGENCY                    |                   |                    |                     |                  |
| PERSON REPRESENTED              |                   |                    |                     |                  |
| FEE CATEGORY                    | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| STATE AGENCY                    |                   |                    |                     |                  |
| PERSON REPRESENTED              |                   |                    |                     |                  |
| FEE CATEGORY                    | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |
| STATE AGENCY                    |                   |                    |                     |                  |
| PERSON REPRESENTED              |                   |                    |                     |                  |
| FEE CATEGORY                    | LESS THAN \$9,320 | \$9,320 - \$18,629 | \$18,630 - \$46,579 | \$46,580 OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

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

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS--INSTRUCTION GUIDE.

|                                       |                         |
|---------------------------------------|-------------------------|
| <p><b>1</b><br/>SOURCE OF BENEFIT</p> | <p>NAME AND ADDRESS</p> |
| <p><b>2</b><br/>BENEFIT</p>           |                         |
| <p>SOURCE OF BENEFIT</p>              | <p>NAME AND ADDRESS</p> |
| <p>BENEFIT</p>                        |                         |
| <p>SOURCE OF BENEFIT</p>              | <p>NAME AND ADDRESS</p> |
| <p>BENEFIT</p>                        |                         |
| <p>SOURCE OF BENEFIT</p>              | <p>NAME AND ADDRESS</p> |
| <p>BENEFIT</p>                        |                         |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



# LEGISLATIVE CONTINUANCES

## PART 18

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.**

*This section applies only to members of the Texas Legislature.* Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

|  |                             |
|--|-----------------------------|
| <sup>1</sup> NAME OF PARTY REPRESENTED                 |                             |
| <sup>2</sup> DATE RETAINED                             |                             |
| <sup>3</sup> STYLE, CAUSE NUMBER, COURT & JURISDICTION |                             |
| <sup>4</sup> DATE OF CONTINUANCE APPLICATION           |                             |
| <sup>5</sup> WAS CONTINUANCE GRANTED?                  | YES                      NO |

|  |                             |
|--|-----------------------------|
| NAME OF PARTY REPRESENTED                  |                             |
| DATE RETAINED                              |                             |
| STYLE, CAUSE NUMBER, COURT, & JURISDICTION |                             |
| DATE OF CONTINUANCE APPLICATION            |                             |
| WAS CONTINUANCE GRANTED?                   | YES                      NO |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



# BOND COUNSEL G9F J 7 9 G D F C J 8 9 8 6 M 5 LEGISLATOR PART 20

DO NOT include this page in the report.

DO NOT include this page in the report.

|   |          |    |  |                    |                     |
|---|----------|----|--|--------------------|---------------------|
| 1 | WARRANTY |    |  |                    |                     |
| 2 | BOND     |    |  |                    |                     |
| 3 | BOND     |    |  |                    |                     |
| 4 | YOU      | PU | LESS THAN \$5,FF0  | \$5,FF0 - \$F€,GF9 | \$10,GG0 - \$2í,í19 |
| 5 | YOU      | PU | POF OAF OAF OÜOÜÜ OF FIRM<br>(Check If Filer's Home Address) |                    |                     |
|   |          |    | LESS THAN \$5,FF0  | \$5,FF0 - \$F€,GF9 | \$10,GG0 - \$2í,í19 |
|   |          |    |  |                    |                     |
|   |          |    |  |                    |                     |
|   |          |    | LESS THAN \$5,FF0  | \$5,FF0 - \$F€,GF9 | \$10,GG0 - \$2í,í19 |
|   |          |    | POF OAF OAF OÜOÜÜ OF FIRM<br>(Check If Filer's Home Address) |                    |                     |
|   |          |    | LESS THAN \$5,FF0  | \$5,FF0 - \$F€,GF9 | \$10,GG0 - \$2í,í19 |
|   |          |    |  |                    |                     |
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|   |          |    | LESS THAN \$5,FF0  | \$5,FF0 - \$F€,GF9 | \$10,GG0 - \$2í,í19 |
|   |          |    | POF OAF OAF OÜOÜÜ OF FIRM<br>(Check If Filer's Home Address) |                    |                     |
|   |          |    | LESS THAN \$5,FF0  | \$5,FF0 - \$F€,GF9 | \$10,GG0 - \$2í,í19 |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

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

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

## Please complete either option below:

### (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

**OR**

### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Registrant (Declarant)