

PERSONAL FINANCIAL STATEMENT

FORM **PFS - TEC**

COVER SHEET

PAGE 1

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.

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2023, covering calendar year ending December 31, 2022.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

1 NAME

TITLE; FIRST; MI

NICKNAME; LAST; SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

2 ADDRESS

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

(Check If Filer's Home Address)

Date Processed

Date Imaged

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

()

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 _____

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 - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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

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

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

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

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

1 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 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.

1 BUSINESS ENTITY	NAME			
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<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 type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE		
	<input type="checkbox"/> NET LOSS			

BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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 type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE		
	<input type="checkbox"/> NET LOSS			

BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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 type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE		
	<input type="checkbox"/> NET LOSS			

BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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 type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE		
	<input type="checkbox"/> NET LOSS			

BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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 type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE		
	<input type="checkbox"/> 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.

1 DESCRIPTION OF INSTRUMENT	
2 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

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

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

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

1 MUTUAL FUND	NAME
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 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
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 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	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 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	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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

List each source of income you, your spouse, or a dependent child received *in excess of \$940* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
2 RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input type="checkbox"/> \$940--\$9,439 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$940--\$9,439 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$940--\$9,439 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 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 \$1,890* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
² LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ GUARANTOR	
⁴ AMOUNT	<input type="checkbox"/> \$1,890--\$9,439 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,890--\$9,439 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,890--\$9,439 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 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.

1 HELD OR ACQUIRED BY <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
3 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

HELD OR ACQUIRED BY <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 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.

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (Check If Filer's Home Address)
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

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.

1 DONOR	NAME AND ADDRESS
2 RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
<hr/>	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
<hr/>	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> 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 \$940*, 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.

1 SOURCE	NAME OF TRUST
2 BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 INCOME	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
4 ASSETS FROM WHICH OVER \$940 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
<hr/>	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
ASSETS FROM WHICH OVER \$940 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
<hr/>	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
ASSETS FROM WHICH OVER \$940 WAS RECEIVED <input type="checkbox"/> 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 <input type="checkbox"/> (Check If Filer's Home Address)
3	BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
5	DATE CREATED	

	NAME OF TRUST	
	TRUSTEE	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
	BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
	DATE CREATED	

	NAME OF TRUST	
	TRUSTEE	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
	BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 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>_____</p> <p>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

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

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

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

1 BUSINESS ASSOCIATION	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (check if Filer's Home Address)
2 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (check if Filer's Home Address)
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (check if Filer's Home Address)
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (check if Filer's Home Address)
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE
4 ASSETS	<input type="checkbox"/> DEPENDENT CHILD _____	
	DESCRIPTION	CATEGORY
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 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 <input type="checkbox"/> (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE
4 LIABILITIES	DESCRIPTION	CATEGORY
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 OR MORE
		<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 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.

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

¹ PROVIDER	NAME AND ADDRESS
² 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.

¹ BUSINESS ENTITY	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
² INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> 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 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
---	--

² FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
---------------------------	---

PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
--	--

FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
--------------	---

PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
--	--

FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
--------------	---

PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
--	--

FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
--------------	---

PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
--	--

FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
--------------	---

PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
--	--

FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 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: 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.

¹ STATE AGENCY	
² PERSON REPRESENTED	
³ FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 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>1 SOURCE OF BENEFIT</p>	<p>NAME AND ADDRESS</p>
<p>2 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.

1 NAME OF PARTY REPRESENTED	
2 DATE RETAINED	
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION	
4 DATE OF CONTINUANCE APPLICATION	
5 WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARTY REPRESENTED	
DATE RETAINED	
STYLE, CAUSE NUMBER, COURT, & JURISDICTION	
DATE OF CONTINUANCE APPLICATION	
WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

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 the parties to all contracts in the amount of \$2,590 or more if the aggregate of good or services sold under all written contracts exceeds \$10,370 in which you, your spouse, or a dependent child, or any business entity of which you, your spouse, or a dependent child, independently or in conjunction with, has at least 50% ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

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

1 FILER PARTIES	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 GOVERNMENTAL PARTIES	<div style="text-align: center;">NAME AND ADDRESS</div> <input type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____ <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">NAME AND ADDRESS</div> <input type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____ <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">NAME AND ADDRESS</div> <input type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____
3 BUSINESS PARTIES	<div style="text-align: center;">NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</div>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOND COUNSEL G9FJ79GDFCJ8986M5 LEGISLATOR PART 20

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 issuance for which you served as bond counsel. For more information, see FORM PFS - INSTRUCTION GUIDE.

1 ISSUER NAME	
2 ISSUANCE DATE	
3 ISSUANCE AMOUNT	
4 FEES PAID TO FILER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LESS THAN \$5,180 <input type="checkbox"/> \$5,180 - \$10,369 <input type="checkbox"/> \$10,370 - \$25,919 <input type="checkbox"/> \$25,920 OR MORE
5 FEES PAID TO FILER'S FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check If Filer's Home Address) <input type="checkbox"/> LESS THAN \$5,180 <input type="checkbox"/> \$5,180 - \$10,369 <input type="checkbox"/> \$10,370 - \$25,919 <input type="checkbox"/> \$25,920 OR MORE
ISSUER NAME	
ISSUANCE DATE	
ISSUANCE AMOUNT	
FEES PAID TO FILER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LESS THAN \$5,180 <input type="checkbox"/> \$5,180 - \$10,369 <input type="checkbox"/> \$10,370 - \$25,919 <input type="checkbox"/> \$25,920 OR MORE
FEES PAID TO FILER'S FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check If Filer's Home Address) <input type="checkbox"/> LESS THAN \$5,180 <input type="checkbox"/> \$5,180 - \$10,369 <input type="checkbox"/> \$10,370 - \$25,919 <input type="checkbox"/> \$25,920 OR MORE
ISSUER NAME	
ISSUANCE DATE	
ISSUANCE AMOUNT	
FEES PAID TO FILER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LESS THAN \$5,180 <input type="checkbox"/> \$5,180 - \$10,369 <input type="checkbox"/> \$10,370 - \$25,919 <input type="checkbox"/> \$25,920 OR MORE
FEES PAID TO FILER'S FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF FIRM <input type="checkbox"/> (Check If Filer's Home Address) <input type="checkbox"/> LESS THAN \$5,180 <input type="checkbox"/> \$5,180 - \$10,369 <input type="checkbox"/> \$10,370 - \$25,919 <input type="checkbox"/> \$25,920 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT SIGNATURE PAGE

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; it must be verified by either being signed in front of a notary or the filer must also fill out the unsworn declaration. 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, 2022, 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 Filer (Declarant)