

# PERSONAL FINANCIAL STATEMENT

## FORM PFS COVER SHEET

Filed in accordance with chapter 572 of the Government Code.  
 For filings required in 2009, covering calendar year ending December 31, **2008**.  
 Use FORM PFS - INSTRUCTION GUIDE when completing this form.

PAGE # Page 1 of 9

ACCOUNT # 19778

**1 NAME**

TITLE, FIRST, MI  
Lon  
 NICKNAME, LAST, SUFFIX  
Burnam

**OFFICE USE ONLY** 4/30  
 Date Received  
**HAND DELIVERED  
 RECEIVED**  
**APR 21 2009**

**2 ADDRESS**

2103 6th Avenue  
 Fort Worth, TX 76110

(CHECK IF FILER'S HOME ADDRESS)

Texas Ethics Commission *Wil*  
 Receipt #  
 HD  PM 4/21/09 Amount  
 Legal  
 Date Processed

**3 TELEPHONE NUMBER**

AREA CODE NUMBER; EXTENSION  
(817) 924-1997

**PROCESSED** **APR 22 2009**  
 Date Imaged

**4 REASON FOR FILING STATEMENT**

- CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ELECTED OFFICER State Representative, District 90 (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 (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):**

SPOUSE Carol Roark

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

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

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

In parts 1 through 18, you will disclose your financial activity during the calendar year. In parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.

*a*

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

*R: 410717*

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

NOT APPLICABLE

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> INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| <b>2</b> EMPLOYMENT<br><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br><br>Dallas Peace Center<br>5910 Cedar Springs Rd.<br>Dallas, TX 75235<br><br>Director<br><br><hr/> NATURE OF OCCUPATION |

|   |   |
|---|---|
| INFORMATION RELATES TO  | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| EMPLOYMENT<br><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br><br>Dallas Public Library<br>1515 Young St.<br>Dallas, TX 75201<br><br>Manager<br><br><hr/> NATURE OF OCCUPATION<br><br>Archivist |

|   |   |
|---|---|
| INFORMATION RELATES TO  | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><br><br><br><input checked="" type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input checked="" type="checkbox"/> (Check if Filer's Home Address)<br><br>self-employed<br>2103 6th Avenue<br>Fort Worth, TX 76110<br><br>historian and author<br><br><hr/> NATURE OF OCCUPATION |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BONDS, NOTES & OTHER COMMERCIAL PAPER

# PART 3

NOT APPLICABLE

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   | Certificate of deposit  |
| 2 HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| 3 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|   |   |
|---|---|
| DESCRIPTION OF INSTRUMENT   | Money market  |
| HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                    |
|------------------------------------|
| Empty space for additional entries |
|------------------------------------|

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

# PART 5

NOT APPLICABLE

List each source of income you, your spouse, or a dependent child received in excess of \$500 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 | NAME AND ADDRESS<br>Fort Worth City Credit Union<br><br>2309 Montgomery St.<br>Fort Worth, TX 76107  |
| 2 RECEIVED BY      | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| 3 AMOUNT           | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                  |  |
|------------------|--|
| SOURCE OF INCOME | NAME AND ADDRESS<br>City Credit Union<br><br>7474 Ferguson Rd.<br>Dallas, TX 75228   |
| RECEIVED BY      | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| AMOUNT           | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL NOTES AND LEASE AGREEMENTS

# PART 6

NOT APPLICABLE

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 \$1,000 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 | Fort Worth City Credit Union   |
| 2 LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| 3 GUARANTOR   |  |
| 4 AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTERESTS IN REAL PROPERTY****PART 7A** NOT APPLICABLE

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 checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE<br>2103 6th Avenue<br>Fort Worth, TX 76110<br>Tarrant  |
| 3 DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>2 lots<br>Tarrant   |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST)            |   |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BOARDS AND EXECUTIVE POSITIONS

# PART 12

NOT APPLICABLE

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     | Citizens for Curbside Recycling   |
| 2 POSTITION HELD   | Board Member  |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____ |

|                  |   |
|------------------|---|
| ORGANIZATION     | Texas Campaign for the Environment  |
| POSTITION HELD   | Board Member  |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____ |

|                  |   |
|------------------|---|
| ORGANIZATION     | Friends Committee on National Legislation   |
| POSTITION HELD   | Board Member  |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____ |

|                  |   |
|------------------|---|
| ORGANIZATION     | Preservation Dallas   |
| POSTITION HELD   | Vice President  |
| POSITION HELD BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____ |

|                  |   |
|------------------|---|
| ORGANIZATION     | Friends of Libraries and Archives of Texas  |
| POSTITION HELD   | Board Member  |
| POSITION HELD BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

## PERSONAL FINANCIAL STATEMENT

### PARTS MARKED 'NOT APPLICABLE' BY FILER

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

- 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

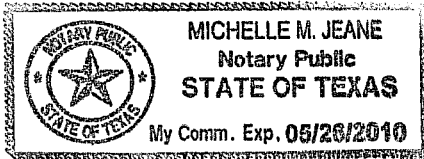
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, **2008**, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

*Lon Burnam*  
\_\_\_\_\_  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me by Lon Burnam this the 3rd day of April, 2009, to certify which, witness my hand and seal of office.

*Michelle M. Jeane* \_\_\_\_\_  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath  
Michelle M. Jeane Notary