

**TRUST INCOME****PART 9** NOT APPLICABLE

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 \$500 in income, 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	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>3</sup> INCOME	<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
<sup>4</sup> ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<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
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<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
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BLIND TRUSTS

# PART 10A

NOT APPLICABLE

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.

<b>1</b> NAME OF TRUST	
<b>2</b> TRUSTEE	NAME AND ADDRESS
<b>3</b> BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>4</b> FAIR MARKET VALUE	<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
<b>5</b> DATE CREATED	
<hr/>	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<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
DATE CREATED	
<hr/>	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<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
DATE CREATED	

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**TRUSTEE STATEMENT****PART 10B** NOT APPLICABLE

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.

# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11A

NOT APPLICABLE

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 <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 \$5,000	\$5,000--\$9,999
		\$10,000--\$24,999	\$25,000--OR MORE
		LESS THAN \$5,000	\$5,000--\$9,999
		\$10,000--\$24,999	\$25,000--OR MORE
		LESS THAN \$5,000	\$5,000--\$9,999
		\$10,000--\$24,999	\$25,000--OR MORE
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# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11A

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# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11A

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

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <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 \$5,000	\$5,000--\$9,999
		\$10,000--\$24,999	\$25,000--OR MORE
		LESS THAN \$5,000	\$5,000--\$9,999
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<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)		
	Glassline, LLC		
<b>2 BUSINESS TYPE</b>	Limited Liability Company		
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD
<b>4 ASSETS</b>	DESCRIPTION	CATEGORY	
	Investment in partnership	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
		<input type="checkbox"/> \$10,000-\$24,999	<input checked="" type="checkbox"/> \$25,000-OR MORE
		<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
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# LIABILITIES OF BUSINESS ASSOCIATIONS

# PART 11B

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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 assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

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<b>1 BUSINESS ASSOCIATION</b>	<input type="checkbox"/> NAME AND ADDRESS (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 LIABILITIES</b>	DESCRIPTION	CATEGORY	
		LESS THAN \$5,000	\$5,000--\$9,999
		\$10,000--\$24,999	\$25,000--OR MORE
		LESS THAN \$5,000	\$5,000--\$9,999
		\$10,000--\$24,999	\$25,000--OR MORE
		LESS THAN \$5,000	\$5,000--\$9,999
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<b>2 BUSINESS TYPE</b>			
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	FILER	SPOUSE	DEPENDENT CHILD
<b>4 LIABILITIES</b>	DESCRIPTION	CATEGORY	
		LESS THAN \$5,000	\$5,000--\$9,999
		\$10,000--\$24,999	\$25,000--OR MORE
		LESS THAN \$5,000	\$5,000--\$9,999
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# 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.

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<sup>1</sup> ORGANIZATION	
<sup>2</sup> POSITION HELD	
<sup>3</sup> POSITION HELD BY	FILER                      SPOUSE                      DEPENDENT CHILD
ORGANIZATION	Glassline, LLC
POSITION HELD	Member
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	FILER                      SPOUSE                      DEPENDENT CHILD
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	FILER                      SPOUSE                      DEPENDENT CHILD
ORGANIZATION	Crime Stoppers
POSITION HELD	Directors
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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<sup>1</sup> ORGANIZATION	Greater Inwood Forest Super Neighborhood		
<sup>2</sup> POSITION HELD	Director		
<sup>3</sup> POSITION HELD BY	<input checked="" 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	Houston Tennis Association		
POSITION HELD	Director		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	N/A		
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

NOT APPLICABLE

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.

<p><sup>1</sup> PROVIDER</p>	<p>NAME AND ADDRESS</p>
<p><sup>2</sup> AMOUNT</p>	
<p>PROVIDER</p>	<p>NAME AND ADDRESS</p>
<p>AMOUNT</p>	
<p>PROVIDER</p>	<p>NAME AND ADDRESS</p>
<p>AMOUNT</p>	
<p>PROVIDER</p>	<p>NAME AND ADDRESS</p>
<p>AMOUNT</p>	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

## PART 14

NOT APPLICABLE

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 that both have an interest. For more information, see FORM PFS-INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS
2 INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND 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**

NOT APPLICABLE

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.

<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
<sup>2</sup> FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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**

# REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

**PART 16**

NOT APPLICABLE

*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	<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
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<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
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<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
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<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**

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

**PART 17**

NOT APPLICABLE

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.

<b>1</b> SOURCE OF BENEFIT	NAME AND ADDRESS
<b>2</b> BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LEGISLATIVE CONTINUANCES****PART 18** NOT APPLICABLE

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.

<b>1</b> NAME OF PARTY REPRESENTED	
<b>2</b> DATE RETAINED	
<b>3</b> STYLE, CAUSE NUMBER, COURT & JURISDICTION	
<b>4</b> DATE OF CONTINUANCE APPLICATION	
<b>5</b> 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**

# 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, 2007, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

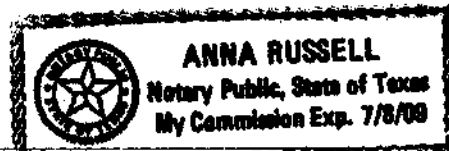
*Antoinette Lawrence*

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANTOINETTE LAURENCE this the 2<sup>nd</sup> day of June, 2008, to certify which, witness my hand and seal of office.

*Anna Russell*



Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath