

PERSONAL FINANCIAL STATEMENT

FORM PFS COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2008, covering calendar year ending December 31, 2007.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED

ACCOUNT # **411097**

OFFICE USE ONLY

Date Received

**HAND DELIVERED
RECEIVED**

FEB 08 2008

Texas Ethics Commission

Receipt #

HD PM

2-8-08

Amount

Date Processed

PROCESSED FEB 08 2008

Date Imaged

1 NAME

TITLE, FIRST, MI

Representative Eddie R.

NICKNAME, LAST, SUFFIX

Rodriguez

2 ADDRESS

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



(Check if Filer's Home Address)

**1910 Haskell
Austin TX 78702**

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 (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 **Natasha Rosofsky**

DEPENDENT CHILD 1. _____

2. _____

3. _____

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

<p>1 INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>2 EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>State of Texas / Texas House 105 W. 15th of Representatives Austin, TX 78701</p> <hr/> <p>NATURE OF OCCUPATION</p> <p>State Representative</p>
<p>INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Brown McCarroll, L.L.P 111 Congress Ave., Suite 1400 Austin, TX 78701</p> <hr/> <p>NATURE OF OCCUPATION</p> <p>Law Clerk</p>
<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>City of Austin 301 W. 2nd Austin TX 78701</p> <hr/> <p>NATURE OF OCCUPATION</p> <p>Project Coordinator</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

RETAINERS

PART 1B

NOT APPLICABLE

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 \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--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 \$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

STOCK

PART 2

NOT APPLICABLE

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	Exxon/Mobil ^{NAME}		
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD	<input type="checkbox"/> NET GAIN <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
BUSINESS ENTITY	EMC Corp. ^{NAME}		
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<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
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"/> 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
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"/> 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
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"/> 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

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	
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 \$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	
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 \$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	
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 \$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

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
² RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ AMOUNT	<input 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
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input 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
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input 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	Homecomings Financial
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 type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	National City Mortgage
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--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"/> \$1,000--\$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

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.

<p>1 HELD OR ACQUIRED BY</p>	<p><input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>2 STREET ADDRESS</p> <p><input type="checkbox"/> NOT AVAILABLE</p> <p><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS</p>	<p>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</p> <p>1910 Haskell, Austin, Travis, TX</p>
<p>3 DESCRIPTION</p> <p><input checked="" type="checkbox"/> LOTS</p> <p><input type="checkbox"/> ACRES</p>	<p>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</p> <p>1 Lot</p>
<p>4 NAMES OF PERSONS RETAINING AN INTEREST</p> <p><input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)</p>	
<p>5 IF SOLD</p> <p><input type="checkbox"/> NET GAIN</p> <p><input type="checkbox"/> NET LOSS</p>	<p><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</p>

<p>HELD OR ACQUIRED BY</p>	<p><input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>STREET ADDRESS</p> <p><input type="checkbox"/> NOT AVAILABLE</p> <p><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS</p>	<p>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</p>
<p>DESCRIPTION</p> <p><input type="checkbox"/> LOTS</p> <p><input type="checkbox"/> ACRES</p>	<p>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</p>
<p>NAMES OF PERSONS RETAINING AN INTEREST</p> <p><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)</p>	
<p>IF SOLD</p> <p><input type="checkbox"/> NET GAIN</p> <p><input type="checkbox"/> NET LOSS</p>	<p><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</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

NOT APPLICABLE

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	<small>NAME AND ADDRESS</small> <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 \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<small>NAME AND ADDRESS</small> <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 \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<small>NAME AND ADDRESS</small> <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 \$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

GIFTS

PART 8

NOT APPLICABLE

Identify any person or organization that has given a gift worth more than \$250 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	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
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

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.

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 \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
⁴ ASSETS FROM WHICH OVER \$500 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 \$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
<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 \$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.

1 NAME OF TRUST	
2 TRUSTEE	NAME AND 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 \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
5 DATE CREATED	

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	

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	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

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.

Trustee Signature

§ 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.

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	<table border="1"> <thead> <tr> <th data-bbox="443 779 971 814">DESCRIPTION</th> <th colspan="2" data-bbox="971 779 1495 814">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 814 971 926">.....</td> <td data-bbox="971 814 1230 850"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1230 814 1495 850"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td data-bbox="443 926 971 1037">.....</td> <td data-bbox="971 926 1230 961"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1230 926 1495 961"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td data-bbox="443 1037 971 1148">.....</td> <td data-bbox="971 1037 1230 1073"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1230 1037 1495 1073"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td data-bbox="443 1148 971 1260">.....</td> <td data-bbox="971 1148 1230 1184"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1230 1148 1495 1184"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td data-bbox="443 1260 971 1371">.....</td> <td data-bbox="971 1260 1230 1295"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1230 1260 1495 1295"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td data-bbox="443 1371 971 1482">.....</td> <td data-bbox="971 1371 1230 1407"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1230 1371 1495 1407"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td data-bbox="443 1482 971 1593">.....</td> <td data-bbox="971 1482 1230 1518"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1230 1482 1495 1518"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td data-bbox="443 1593 971 1705">.....</td> <td data-bbox="971 1593 1230 1629"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1230 1593 1495 1629"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td data-bbox="443 1705 971 1816">.....</td> <td data-bbox="971 1705 1230 1740"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1230 1705 1495 1740"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td data-bbox="443 1816 971 1906">.....</td> <td data-bbox="971 1816 1230 1852"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1230 1816 1495 1852"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> </tbody> </table>		DESCRIPTION	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	<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	<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	<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	<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	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																																	
.....	<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																																	
.....	<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																																	
.....	<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																																	
.....	<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

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

NOT APPLICABLE

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.

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	<table border="0"> <tr> <td data-bbox="446 772 966 808">DESCRIPTION</td> <td colspan="2" data-bbox="966 772 1495 808">CATEGORY</td> </tr> </table>		DESCRIPTION	CATEGORY	
	DESCRIPTION	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		
		<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		
		<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		
		<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		
		<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		
	<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	
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

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.

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

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.

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
2 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.

¹ STATE AGENCY	
² PERSON REPRESENTED	
³ 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.

1 SOURCE OF BENEFIT	NAME AND ADDRESS
---------------------	------------------

2 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.

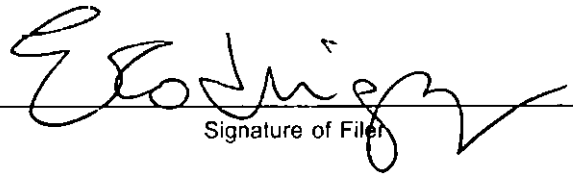
1 NAME OF PARTY REPRESENTED	
2 DATE RETAINED	
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION	
4 DATE OF CONTINUANCE APPLICATION	
5 WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARTY REPRESENTED	
DATE RETAINED	
STYLE, CAUSE NUMBER, COURT, & JURISDICTION	
DATE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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

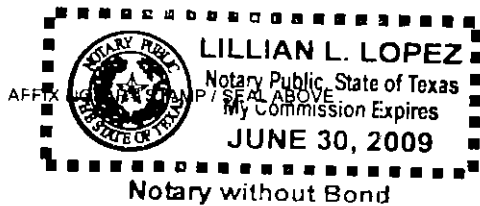
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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.

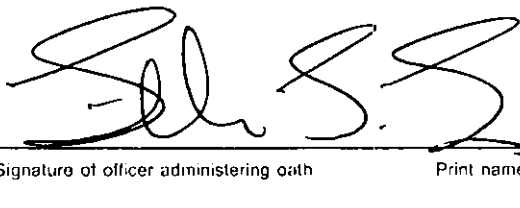
I swear, or affirm, under penalty of perjury, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer



Sworn to and subscribed before me, by the said Eduardo R. Rodriguez this the 24 day of February, 20 08, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Lillian L. Lopez

Print name of officer administering oath

Lillian L. Lopez Notary

Title of officer administering oath