From: Marilyn Langston <Marilyn.Langston@ethics.state.tx.us>
Sent: Monday, March 15, 2021 2:17 PM EDT
To: AO Records <records@americanoversight.org>
Subject: Texas Ethics Commission EMAIL 1 of 4
Attachment(s): "AbbottG 1994 PFS.pdf","AbbottG 1995 PFS.pdf","AbbottG 1996 PFS.pdf","AbbottG 1997 PFS.pdf","AbbottG 1998 PFS Corr.pdf","AbbottG 1998 PFS.pdf","AbbottG 1999 PFS Corr(1).pdf","AbbottG 1999 PFS Corr(2).pdf","AbbottG 1999 PFS.pdf","AbbottG 2000 PFS Corr.pdf","AbbottG 2000 PFS.pdf"

EXTERNAL SENDER

Hello Ms. Wishingrad,
I have redacted copies of the PFS reports your requested for Governor Abbott.
I am going to send them in 4 emails to make sure they transfer over to you.

From: AO Records <records@americanoversight.org>
Sent: Friday, March 12, 2021 12:23 PM
To: openrecords <openrecords@ethics.state.tx.us>
Subject: Public Information Request (TX-TEC-21-0338)

Dear Public Information Officer:

Please find attached a request for records under Texas's Public Information Act.

Sincerely,

Sarah Wishingrad
Pronouns: she/her
Paralegal
American Oversight
records@americanoversight.org
www.americanoversight.org | @weareoversight

PIR: TX-TEC-21-0338

AMERICAN OVERSIGHT

7-1

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070
Revised: 01/07/94
Form FFS

FINANCIAL STATEMENT

**Filed Pursuant to Chapter 572
Texas Government Code**

RECEIVED
1994
TEXAS ETHICS COMMISSION

For Calendar Year Ending December 31, 1993

CHECK ONE:

- ☐ Candidate for (Office): _____
- ☑ Elected official (Office): 129th State District Court
- ☐ Appointed official (Agency): _____
- ☐ Executive head (Agency): _____
- ☐ Party Chair[1] (Party): _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Gregory W. Abbott
(Full Name)

Address: [redacted]
(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas 129th State District Court
1019 Congress HOUSTON (City) Texas (State) 77002

Position Held: Judge
Even though my employer technically is the state of Texas, HARRIS County provides an income supplement

Name and Address of Employer: _____
(City) (State)

Position Held: _____

If Self-employed:
Name and Address of Business: _____
(City) (State)

Nature of Occupation: _____

[1] Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.

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TX-TEC-21-0338-A-000001

This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia P. Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Anne's Catholic Community
2120 Westheimer Houston TX
(City) (State)

Position Held: Business office clerk

If Self-employed:
Name and Address of Business: _____
(City) (State)

Nature of Occupation: _____

DEPENDENT CHILD 1: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

DEPENDENT CHILD 2: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

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DEPENDENT CHILD 3: _____

(Full Name)

Address: _____

_____

(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____

_____

(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D-- $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
NONE		

[2] An individual has a "substantial interest" in a business entity if the individual:

(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part II. Stock

Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A–less than 100, Category B–100 to 499, Category C–500 to 999, Category D–1,000 to 4,999, Category E–5,000 to 9,999, Category F–10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain	Net Loss	Category
Compaq Computer	Greg Abbott	B	✓		A
Microsoft	Greg Abbott	B		✓	A
Walmart	Greg Abbott	B		✓	A

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain	Net Loss	Category
none				

[3] Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$500.01 to $4,999.99; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
none			

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$1,000.01 to $4,999.99; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
Bank One	Greg + Cecilia Abbott		D
Bluebonnet Savings Bank	Greg + Cecilia Abbott		D
First Interstate Bank of Texas	Greg Abbott		B
Mercedes Benz	Greg Abbott		C
Valley National Finance	Greg Abbott		C
Panhandle Plains Finance	Greg Abbott		A
Bank America	Greg Abbott		D

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5000; CATEGORY B–$5,000.00 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Greg Abbott and Cecilia Abbott			D

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
none				

[4] A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift _____ Brief Description of Gift _____ Received by _____

none

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name) _____ Beneficiary _____ Category _____ Assets, if known _____

none

[5] Examples of relatives within the second degree of consanguinity are as follows:

(1) First degree: parent, child;
(2) Second degree: brother, sister, grandparent, grandchild;

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:

(1) First degree: spouse, spouse's parent, son-in-law, daughter-in law;
(2) Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
none			

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
Goodwill Industries	Board of Trustees	Greg Abbott
The Institute for Rehabilitation & Research Foundation	Board of Directors	Greg Abbott
Fun Raisers	Board of Directors	Cecilia Abbott

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
The State of Texas / Second Judicial District	unknown	Greg Abbott
The Houston Bar Association	exceeded $100 but less than $500.	Greg ABBOTT

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

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TX-TEC-21-0338-A-000009

Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	Category of the Amount of each Fee
none	

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INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

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Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address _____ Amount _____

— none

[7] A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

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VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, **this the** 1st **day of** July **19**94, **to certify which, witness my hand and seal of office.**

Mary Ruth Black

Signature of officer administering oath[1]

MARY RUTH BLACK
MY COMMISSION EXPIRES
July 2, 1997

Mary Ruth Black

Print name of officer administering oath

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

---

[1] **The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:**

a. **a judge, clerk, or commissioner of any court of record;**
b. **a notary public;**
c. **a justice of the peace; or**
d. **any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.**

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PROCESSED MAY 0 3 1995

RECEIVED
MAY 03 1995
TEXAS ETHICS COMMISSION

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070
Revised: 01/07/94
Form FFS

FINANCIAL STATEMENT

Filed Pursuant to Chapter 572
Texas Government Code

For Calendar Year Ending December 31, 1994

CHECK ONE:

- ☐ **Candidate for (Office):** _____
- ☑ **Elected official (Office):** 129th State District Court
- ☐ **Appointed official (Agency):** _____
- ☐ **Executive head (Agency):** _____
- ☐ **Party Chair[1] (Party):** _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Greg Abbott
(Full Name)

Address: [redacted]
(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas
(City) (State)

Position Held: State District Judge

Name and Address of Employer: Harris County
(City) (State)

Position Held: State District Judge

Harris County provides supplemental income to State District Judges. I am not employed by the County but receive supplemental income from it

If Self-employed:
Name and Address of Business: Professional Educational Systems Inc.
200 Spring Street
Eau Claire WI.
(City) (State)

Nature of Occupation: ~~Payment for seminar presentation~~

[1] **Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.**

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This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Anne's Catholic Church 3140 Westheimer
Houston Texas
(City) (State)

Position Held: Director of Development

If Self-employed:
Name and Address of Business:
(City) (State)

Nature of Occupation:

DEPENDENT CHILD 1: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

DEPENDENT CHILD 2: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

AMERICAN OVERSIGHT

DEPENDENT CHILD 3: N/A
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
none		

[2] An individual has a "substantial interest" in a business entity if the individual:
(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

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Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A–less than 100, Category B–100 to 499, Category C–500 to 999, Category D–1,000 to 4,999, Category E–5,000 to 9,999, Category F–10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain or Net Loss and Category
none			

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain or Net Loss and Category
treasury bill	Filer	D

[3] **Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.**

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$500.01 to $4,999.99; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
Treasury Bond held at Fidelity Investments	Interest	Filer	A

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$1,000.01 to $4,999.99; CATEGORY B–$5,000.00 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
First Interstate Bank of Texas	Filer	none	C
Nations Bank	Filer	none	C
Bank One	Filer	none	D
Mercedes Benz	Filer	none	C
Bank of America	Filer	none	C
Bluebonnet Savings	Filer	none	D
Valley National Financial	Filer	none	C
Panhandle Plains Higher Education Authority	Filer	none	A

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5000; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Filer/spouse			D

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
	none			

[4] **A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.**

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift	Brief Description of Gift	Received by
none		

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name)	Beneficiary	Category	Assets, if known
none			

---

[5] **Examples of relatives within the second degree of consanguinity are as follows:**

(1) **First degree: parent, child;**
(2) **Second degree: brother, sister, grandparent, grandchild;**

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:

(1) **First degree: spouse, spouse's parent, son-in-law, daughter-in law;**
(2) **Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.**

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
	none		

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
The Institute for Rehabilitation and Research Foundation	Board of Directors	Filer
Goodwill Industries	Trustee	Filer
Justice for All	Board of Directors Vice President	filer

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
University of Houston School of Law	Approx. $200 (travel + lodging)	Filer
Harris County	Approx. $250	Filer

none other that can be recalled

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

AMERICAN OVERSIGHT

Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	Category of the Amount of each Fee
none	

AMERICAN OVERSIGHT

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

AMERICAN OVERSIGHT

Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address _____ **Amount** _____

none that can be recalled.

[7] **A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.**

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

AMERICAN OVERSIGHT

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, **this the** 1st **day of** May **19**95, **to certify which, witness my hand and seal of office.**

Mary Ruth Black

Signature of officer administering oath[8]

Mary Ruth Black

Print name of officer administering oath

MARY RUTH BLACK
MY COMMISSION EXPIRES
July 2, 1997

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

---

[8] **The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:**

a. **a judge, clerk, or commissioner of any court of record;**
b. **a notary public;**
c. **a justice of the peace; or**
d. **any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.**

AMERICAN OVERSIGHT

00019652

RECEIVED

FEB 13 1996

Texas Ethics Commission

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070
Revised: 01/07/94
Form PFS

FINANCIAL STATEMENT

Filed Pursuant to Chapter 572
Texas Government Code

For Calendar Year Ending December 31, 1995

PROCESSED FEB 13 1996

CHECK ONE:

- ☐ Candidate for (Office): _____
- ☑ Elected official (Office): Justice, Texas Supreme Court
- ☐ Appointed official (Agency): _____
- ☐ Executive head (Agency): _____
- ☐ Party Chair[1] (Party): _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Gregory W. Abbott
(Full Name)

Address: [redacted]
(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas
(City) (State)

Position Held: Justice, Texas Supreme Court
for most of 1995, I was Judge of the 129th State District Court — my employer was (still the) State of Texas

Name and Address of Employer: _____
(City) (State)

Position Held: _____

If Self-employed:
Name and Address of Business: _____
(City) (State)

Nature of Occupation: _____

[1] Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.

AMERICAN OVERSIGHT

This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia F. Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Anne's Catholic Community
Houston Texas
(City) (State)

Position Held: Director of Development
In June 1995, she took a new position listed below
[redacted]
Name and Address of Business: St. Christopher's Catholic School
Houston Texas
(City) (State)

Nature of Occupation: Principal

DEPENDENT CHILD 1: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

DEPENDENT CHILD 2: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

AMERICAN OVERSIGHT

DEPENDENT CHILD 3: N/A

(Full Name)

Address: _____

_____

(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____

_____

(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
None		

[2] An individual has a "substantial interest" in a business entity if the individual:

(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part II. Stock

Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A–less than 100, Category B–100 to 499, Category C–500 to 999, Category D–1,000 to 4,999, Category E–5,000 to 9,999, Category F–10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain or Net Loss and Category		
none					

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain or Net Loss and Category		
Money Market Funds	FILER			D

[3] Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$500.01 to $4,999.99; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
Fidelity Investments	Interest	Filer	A

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$1,000.01 to $4,999.99; CATEGORY B–$5,000.00 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
Bank One	Greg + Cecilia Abbott		D
First Interstate Bank of Texas	Greg Abbott		B
Mercedes Benz Credit Corp.	Greg Abbott		C
Valley National Finance	Greg Abbott		C
Bank America	Greg Abbott		C
Doubletree Guest Suites	Greg Abbott		B

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5000; CATEGORY B–$5,000.00 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Greg + Cecilia Abbott			D

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
none				

[4] **A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.**

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift	Brief Description of Gift	Received by
none		

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name)	*Beneficiary*	Category	Assets, if known
none			

[5] Examples of relatives within the second degree of consanguinity are as follows:
(1) First degree: parent, child;
(2) Second degree: brother, sister, grandparent, grandchild;

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:
(1) First degree: spouse, spouse's parent, son-in-law, daughter-in law;
(2) Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
none			

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
The Institute for Rehabilitation + Research Foundation	Board of Directors	Filer
Goodwill Industries	Board of Trustees	Filer
Justice for All	Vice-President + Board of Directors	Filer

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
The Houston Bar Association provided meals and lodging for a Bench/Bar conference. This was provided to Greg Abbott. The exact amount is unknown, but it should have exceeded $100 but be less than $500.		
The State of Texas – Second Judicial District provided lodging to Greg Abbott for a judicial conference in San Antonio. The amount is unknown but less than $100		
The State of Texas – Second Judicial District and/or Harris County provided meals [redacted] to Greg Abbott for a judicial conference. The amount is unknown but should have been less than $25.00.		

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

AMERICAN OVERSIGHT

Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	Category of the Amount of each Fee
none	

AMERICAN OVERSIGHT

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

AMERICAN OVERSIGHT

Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address | Amount

none

[7] A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

AMERICAN OVERSIGHT

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, this the 12th day of February 1996 to certify which, witness my hand and seal of office.

DARLA J. SADLER
NOTARY PUBLIC,
STATE OF TEXAS
Commission Expires 7-20-96

Darla J. Sadler

Signature of officer administering oath[8]

Darla J. Sadler

Print name of officer administering oath

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

---

[8] The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:

a. a judge, clerk, or commissioner of any court of record;
b. a notary public;
c. a justice of the peace; or
d. any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.

AMERICAN OVERSIGHT

Texas Ethics Commission * P.O. Box 12070 * Austin, Texas 78711-2070 * (512) 463-5800 * (800) 325-8506

FINANCIAL STATEMENT

Form PFS
Revised 02/21/97

Filed Pursuant to Chapter 572
Texas Government Code

For Calendar Year Ending December 31, 1996

OFFICE USE ONLY
Account # 19692
RECEIVED
HAND DELIVERED
JUN 30 1997
Texas Ethics Commission
Receipt #
HC / PM | Amount
Date Processed PROCESSED JUN 30 1997
Date Imaged

CHECK ONE:

- ☐ Candidate for (Office): _____
- ☑ Elected official (Office): Texas Supreme Court
- ☐ Appointed official (Agency): _____
- ☐ Executive head (Agency): _____
- ☐ Party Chair[1] (Party): _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Gregory Wayne Abbott

Address: [redacted]

(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas - Texas Supreme Court
P O Box 12248 AUSTIN TX 78711
(City) (State)

Position Held: Supreme Court Justice

Name and Address of Employer: _____
(City) (State)

Position Held: _____

If Self-employed:
Name and Address of Business: _____
(City) (State)

Nature of Occupation: _____

[1] Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.

AMERICAN OVERSIGHT

This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia P. Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Mary's Cathedral School
910 San Jacinto Austin Texas 78701
(City) (State)

Position Held: School Principal

~~If Self-employed:~~
Name and Address of ~~Business~~: Employer St. Christopher's Catholic School
Houston Texas
(City) (State)

Nature of Occupation: School Principal

DEPENDENT CHILD 1: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

DEPENDENT CHILD 2: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

AMERICAN OVERSIGHT

DEPENDENT CHILD 3: _____
(Full Name)

Address: _____

_____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____

_____
(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D-- $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
Not Applicable		

[2] An individual has a "substantial interest" in a business entity if the individual:
(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D-- $25,000 or more.

Part II. Stock

Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A--less than 100, Category B--100 to 499, Category C--500 to 999, Category D--1,000 to 4,999, Category E--5,000 to 9,999, Category F--10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain or Net Loss and Category
See Attached sheet			

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain or Net Loss and Category
none		

[3] Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$500.01 to $4,999.99; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
U.S. Savings Bonds,	Interest	Greg Abbott/ [redacted]	B
Fidelity Investments	Dividend	Greg Abbott	A

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$1,000.01 to $4,999.99; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
Bank One	Greg & Cecilia Abbott	none	D
Mercedes Benz Credit Corp	Greg Abbott	none	D
Valley National Finance	Greg Abbott	none	B
Bank America	Greg Abbott	none	C
Nations Bank	Greg Abbott	none	A
Kay Wilson	Greg Abbott	none	C

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5000; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Greg & Cecilia Abbott	yes	✓	C or D undetermined As of now

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
none				

[4] A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift	Brief Description of Gift	Received by
—	none	—

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name)	Beneficiary	Category	Assets, if known
—	none	—	—

[5] Examples of relatives within the second degree of consanguinity are as follows:

(1) First degree: parent, child;
(2) Second degree: brother, sister, grandparent, grandchild;

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:

(1) First degree: spouse, spouse's parent, son-in-law, daughter-in law;
(2) Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
none			

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
Goodwill Industries	Board of Trustees	Greg Abbott
The Institute for Rehabilitation + Research Foundation	Board of Directors	Greg Abbott

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
Lubbock Bar Association	58.85	Greg Abbott
Dallas Chapter of the American Board of Trial Advocates	I do not know the exact amount but it is meals + lodging in the approximate amount of $200	Greg Abbott

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

AMERICAN OVERSIGHT

Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	**Category of the Amount of each Fee**
none	

AMERICAN OVERSIGHT

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

AMERICAN OVERSIGHT

Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address	Amount
In appreciation of my giving A speech, the Lubbock Bar Association made a gift to Texas Tech Law School, I was never provided any documentation regarding this gift, but I think it was for the amount of $250.	

[7] A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

AMERICAN OVERSIGHT

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, **this the** 30th **day of** June, 1997, **to certify which, witness my hand and seal of office.**

Darla J. Sadler

Signature of officer administering oath[1]

NOTARY PUBLIC STATE OF TEXAS
DARLA J. SADLER
NOTARY PUBLIC
STATE OF TEXAS
COMM. EXP 07-20-2000

Darla J. Sadler

Print name of officer administering oath

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

[1] The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:

a. a judge, clerk, or commissioner of any court of record;
b. a notary public;
c. a justice of the peace; or
d. any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.

AMERICAN OVERSIGHT

Name of Business Entity	Held by	Category of Shares	Gain	Loss	Category
Janus Worldwide stock fund	Greg Abbott	D	X		A
K Mart	Greg Abbott	C		X	A
Ascend Communications	Greg Abbott	C	X		A
Cisco Systems	Greg Abbott	D	X		A
Oracle	Greg Abbott	A	X		B
Kent Electronics	Greg Abbott	C		X	A
Iomega	Greg Abbott	D	X		A
Photon Dynamics	Greg Abbott	D		X	A
Intel	Greg Abbott	B	X		B
Tidewater, Inc	Greg Abbott	C	X		A
Acuson Corp	Greg Abbott	D	X		A
Oxford Health Plans	Greg Abbott	B	X		A
3Com	Greg Abbott	C		X	A
Qualcomm	Greg Abbott	D	X		B
Cascade Communications	Greg Abbott	C	X		A
MRV Communications	Greg Abbott	D	not sold		
3Com	Greg Abbott	C	not sold		
Cascade Communications	Greg Abbott	C	not sold		
S3, Inc	Greg Abbott	D	not sold		
Brightpoint	Greg Abbott	D	not sold		
ITEQ	Greg Abbott	C	not sold		
PBHG Core Growth Fund	Greg Abbott	D	not sold		

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572.
For filings required in 1998, covering calendar year ending December 31, 1997.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

OFFICE USE ONLY

Account # 19652

Date Received
RECEIVED
FEB 12 1998
Texas Ethics Commission

Receipt #

HD / PM 02/11/98 Amount

Date Processed PROCESSED FEB 12 1998

Date Imaged

1 NAME

TITLE | FIRST: Greg | MI: W | NICKNAME | LAST: Abbott | SUFFIX

2 ADDRESS

☐ NEW ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2601 Wooldridge
Austin Texas 78703

3 TELEPHONE NUMBER

AREA CODE | PHONE NUMBER | EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

☑ CANDIDATE Texas Supreme Court Place 3 (INDICATE OFFICE)

☑ ELECTED OFFICER Texas Supreme Court Justice (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 Cecilia Abbott

☐ DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 15, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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

AMERICAN OVERSIGHT

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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 ☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
Texas Supreme Court Justice
P.O. Box 12248
Austin Texas 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO ☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St. Mary's Cathedral School
910 San Jacinto
Austin Texas 78701

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO ☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

RETAINERS

PART 1B

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 not applicable
2 FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown, but all companies are publicly traded PART 2

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 AND ADDRESS MRV COMMUNICATIONS
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS ASCEND COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: Compaq Computers
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: [redacted] 3COM CORPORATION
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: IOMEGA
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: PBHG CORE GROWTH FUND
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK Addresses are unknown, but all companies are publicly traded PART 2

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 AND ADDRESS ITEQ, Inc.
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS ENERGY BIOSYSTEMS CORP.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown, but all companies are publicly traded

PART 2

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 AND ADDRESS: AMERICAN PAD + PAPER
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: CASCADE COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown, but all companies are publicly traded PART 2

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 AND ADDRESS: WESTERN DIGITAL CORP.
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: SEAGATE TECHNOLOGY
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown, but all companies are publicly traded PART 2

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 AND ADDRESS: 3COM CORP
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: ASCEND COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown, but all companies are publicly traded **PART 2**

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 AND ADDRESS: ORACLE CORPORATION
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: QUALCOMM INC.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: IOMEGA CORP.
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: MCV COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: Green Tree Financial
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: INTEL CORP.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses unknown, but all companies are publicly traded PART 2

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 AND ADDRESS: CISCO Systems Inc
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: COMPAQ COMPUTER CO.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK

Addresses unknown
But, all companies are publicly traded

PART 2

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 AND ADDRESS XYLAN CORP
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS 53 INC.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK

PART 2

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 AND ADDRESS: Brightpoint Inc
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	not applicable
2 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 not applicable
2 RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank One
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank America
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED We own a house located at
3 STREET ADDRESS ☐ NOT APPLICABLE	2601 Wooldridge Austin, Texas 78703
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia & Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Mercedes Benz Credit Corp.
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Valley National Finance
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Nations Bank
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	American Investment Bank
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS not applicable
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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 not applicable
2 RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

TRUST INCOME

PART 8

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: not applicable
2 BENEFICIARY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
	not applicable	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS: not applicable	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute for Rehabilitation + Research
2 POSITION HELD	board of directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Goodwill Industries
POSITION HELD	board of trustees
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Career Recovery Resources
POSITION HELD	board of directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Marywood Children & Family Services
POSITION HELD	board of directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), 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 (Government Code Chapter 305). For more information, *see* FORM PFS–INSTRUCTION GUIDE.

1 PROVIDER State Bar of Texas	NAME AND ADDRESS State Bar of Texas
2 AMOUNT	Provided lodging & meals for seminars (two). Although I do not know the value, I estimate that it is $250-$300.
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS not applicable
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	not applicable
2 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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.

1 STATE AGENCY	Not applicable
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, the benefit is reportable here. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS not applicable
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

AMERICAN OVERSIGHT

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, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 11th day of February, 19 98, to certify which, witness my hand and seal of office.

Darla J. Sadler | Darla J. Sadler | Notary Public
Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

NOTARY PUBLIC STATE OF TEXAS
DARLA J. SADLER
NOTARY PUBLIC
STATE OF TEXAS
COMM. EXP 07-20-2000

AMERICAN OVERSIGHT

OK · SW

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (800) 325-8506

Corrected Financial Statement and Good-Faith Affidavit

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections.

OFFICE USE ONLY

RECEIVED
HAND DELIVERED
JUL 0 6 2000
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-6-00

Date Processed

Date Imaged

Filer Name (First, MI, Last)	Account #
Greg Abbott	19652

Address (P.O. Box or Street Address, Apt. or Suite #)
2601 Wooldridge

(City, State, Zip Code)
Austin, TX 78703

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 1997 ☐ 1998 ☒ 1999 ☐ 2000 ☐ 2001 ☐ 2002

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

Gifts - Part 7

One gift added

I swear or affirm that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear or affirm that I did not intend to violate a reporting requirement when I filed the original report.

DARLA J. SADLER
NOTARY PUBLIC
STATE OF TEXAS
COMM. EXP 07-20-2000

AFFIX NOTARY STAMP / SEAL ABOVE

Greg Abbott
[Signature of Filer]

Sworn to and subscribed before me by Greg Abbott this the 6th day of July, 20 00, to certify which, witness my hand and seal of office.

Darla J. Sadler — Darla J. Sadler — Notary Public
Signature of officer administering oath — Print name of officer administering oath — Title of officer administering oath

Printed on recycled paper

Revised 12/10/1999

2

R: 503750

AMERICAN OVERSIGHT

GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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 Texas General Counsel Group 431 Kickerillo Drive Houston, TX 77079
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
3 DESCRIPTION OF GIFT	Hotel & meals ($305.74)
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572.
For filings required in 1999, covering calendar year ending December 31, 1998.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

OFFICE USE ONLY

Account # 19652

Date Received RECEIVED
HAND DELIVERED
JUN 29 1999
Texas Ethics Commission

Receipt #

HD/PM 6/29/99 Amount

Date Processed PROCESSED JUN 29 1999

Date Imaged

1 NAME

TITLE | FIRST: Greg | MI: W | NICKNAME | LAST: Abbott | SUFFIX

2 ADDRESS

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

2601 Wooldridge
Austin Texas 78703

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER EXTENSION

[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Texas Supreme Court Justice (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 Cecilia Abbott
- ☐ DEPENDENT CHILD 1. _____
  2. _____
  3. _____

In Parts 1 through 15, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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

AMERICAN OVERSIGHT

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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

☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
Texas Supreme Court
P.O. Box 12248
Austin Texas 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St. Mary's Cathedral School
203 E. 10th Street
Austin Texas 78701

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

RETAINERS

PART 1B

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 Not Applicable
2 FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK

PART 2

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: America Online
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Strong Advantage Mutual Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Vanguard Growth Index Mutual Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Fingerhut Companies Inc.
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Kuschner Locke Co.
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK

PART 2

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 Dell Computer (concerns share equivalent of options)			
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME Intel (concerns share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME MRV Communications (includes share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☑ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME Qualcomm (concerns share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☑ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME XYLAN CORP. (concerns share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

TX-TEC-21-0338-A-000094

STOCK

PART 2

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: Janus Worldwide Mutual Fund				
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
3 NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Rydex OTC Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Janus Twenty Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	

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AMERICAN OVERSIGHT

TX-TEC-21-0338-A-000095

BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	Not Applicable
2 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 Not Applicable
2 RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank One
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank America
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED We own a house located at address below
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia & Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Mercedes Benz Credit Corp.
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Nations Bank
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	American Investment Bank (this obligation was acquired by MBNA)
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS Not Applicable
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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 American Board of Trial Advocates (Texas Chapter)
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Trophy, payment of one night hotel expense and cash award for selection as Judge of the year
DONOR	NAME AND ADDRESS Ampco Parking Inc. 3600 Manor Rd. Austin Texas
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	parking
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

TRUST INCOME

PART 8

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: Not Applicable
2 BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
	Not Applicable	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	Not Applicable
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute for Rehabilitation + Research
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Goodwill Industries
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Career Recovery Resources
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Marywood Children + Family Services
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), 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 (Government Code Chapter 305). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS South Texas College of Law 1303 San Jacinto St. Houston, TX 77002
2 AMOUNT $286.65	airline travel (Personal Injury Law Conference
PROVIDER	NAME AND ADDRESS State Bar of Texas Box 12487 Austin, TX 78711
AMOUNT $269.00	airline travel (Personal Injury Law course
PROVIDER	NAME AND ADDRESS Texas State Comptroller of Public Accounts P.O. Box 13528 Austin, TX 78711
AMOUNT $205.57	airline travel & hotel (State Bar of Texas Annual Meeting
PROVIDER	NAME AND ADDRESS Texas State Comptroller of Public Accounts P.O. Box 13528 Austin, TX 78711
AMOUNT $147.00	airline travel (Forum for State Court Judges

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INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS Not Applicable
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	Not Applicable
2 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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.

1 STATE AGENCY	Not Applicable
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, the benefit is reportable here. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS Not Applicable
2 BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

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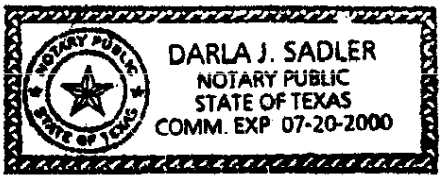
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.



Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 28th day of June, 19 99, to certify which, witness my hand and seal of office.

Darla J. Sadler — Signature of officer administering oath
Darla J. Sadler — Print name of officer administering oath
Notary Public — Title of officer administering oath

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

MID #27428

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

log NA/comm orig DFS

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

~~HAND DELIVERED~~
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-15-09

Date Processed
~~PROCESSED~~ JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☐ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☑ Other 2003 - 1998

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 6A titled "Interests in Real Property." I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 6A. Instead of listing the mortgage holder on Part 6A, I disclosed the mortgage holder on Part 5 under the category "Personal Notes and Lease Agreements." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 6A in addition to Part 5. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Rachel Stanbery	Notary Public

R: 420887 (x6)

AMERICAN OVERSIGHT

~~TX-TEC-21-0338-A-000113~~

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572.
For filings required in 2000, covering calendar year ending December 31, 1999.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

OFFICE USE ONLY
Account # 00019652
Date Received RECEIVED
HAND DELIVERED
JUN 30 2000
Texas Ethics Commission
Receipt #
HD [redacted] 6-30-00 Amount
Date Processed
Date Imaged

1 NAME
TITLE | FIRST: Greg | MI: W.
NICKNAME | LAST: ABBOTT | SUFFIX

2 ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2601 Wooldridge
Austin Texas 78703

3 TELEPHONE NUMBER
AREA CODE | PHONE NUMBER | EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Texas Supreme Court Justice (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 Cecilia Abbott
- ☐ DEPENDENT CHILD 1. _____
  2. _____
  3. _____

In Parts 1 through 15, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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.

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Revised 12/10/1999

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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

☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
P.O. Box 12248
Austin TX 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Supreme Court Justice

INFORMATION RELATES TO

☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St. Mary's Cathedral School
910 San Jacinto
Austin TX 78701

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

principal of school

INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

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RETAINERS

PART 1B

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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	Kushner Locke
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Fingerhut
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	MRV Communications
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Bid Com International
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	CMGI
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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STOCK

PART 2

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	Intel
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Merrill Lynch
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Loral
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Audiovox
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Dell
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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	Lucent	
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY NAME	Applied Micro Circuits	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY NAME	Global Crossing	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY NAME	Global Star Telecom	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY NAME	Conexant	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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STOCK

PART 2

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	IPS Uniphase
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	

BUSINESS ENTITY	NAME	Qualcomm
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	

BUSINESS ENTITY	NAME	Vanguard Small Cap Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	

BUSINESS ENTITY	NAME	Vanguard Small Cap Growth Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	

BUSINESS ENTITY	NAME	Vanguard Growth Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	

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STOCK

PART 2

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: Strong Advantage Fund				
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Janus Worldwide Fund				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Rydex OTC Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Janus Twenty Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	

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RETAINERS

PART 1B

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 Fidelity Investments
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Wells Fargo Bank
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Mercedes Benz Credit Corp
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank One
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank America
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED We own the house located At the address below
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge Austin TX Travis County
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia + Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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TRUST INCOME

PART 8

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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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BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute for Rehabilitation & Research
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Goodwill Industries
POSITION HELD	Board of Director
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Career Recovery Resources
POSITION HELD	Board of Director
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Marywood Children & Family Services
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), 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 (Government Code Chapter 305). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS Texas Tech University Box 40004 Lubbock, TX 79409
2 AMOUNT $283.00	airline travel & hotel (speaker - Law Review Banquet)
PROVIDER	NAME AND ADDRESS Sprouse, Smith & Rowley, P.C. 801 S. Fillmore #600 Amarillo, TX 79105-5008
AMOUNT $316.00	airline travel & hotel (Speaker - Tx. Panhandle Association of Legal Assistants)
PROVIDER	NAME AND ADDRESS Thompson & Knight 1200 San Jacinto Austin, TX 78701
AMOUNT $125.00	airline travel (Speaker - Tx. Tort & Insurance Seminar)
PROVIDER	NAME AND ADDRESS
AMOUNT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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.

1 STATE AGENCY	
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, 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	

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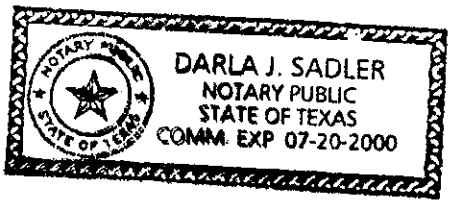
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.



Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 30th day of June, 20 00, to certify which, witness my hand and seal of office.

Darla J. Sadler — Signature of officer administering oath
Darla J. Sadler — Print name of officer administering oath
Notary Public — Title of officer administering oath

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PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572.
For filings required in 2001, covering calendar year ending December 31, 2000.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

OFFICE USE ONLY

Account # 19652

Date Received
RECEIVED
HAND DELIVERED
JUN 29 2001
Texas Ethics Commission

Receipt #

HD/ PM 6-29-01 Amount

Date Processed PROCESSED JUL 02 2001

Date Imaged

1 NAME

TITLE; FIRST; MI: Greg W.

NICKNAME; LAST; SUFFIX: Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2601 Wooldridge
Austin Texas 78703

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Texas Supreme Court Justice (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 Cecilia Abbott
- ☐ DEPENDENT CHILD 1. _____
  2. _____
  3. _____

In Parts 1 through 15, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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.

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SOURCES OF OCCUPATIONAL INCOME

PART 1A

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

☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
Texas Supreme Court
P.O. Box 12248
Austin Texas 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Judge

INFORMATION RELATES TO

☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St. Mary's Cathedral School
910 San Jacinto
Austin Texas 78701

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

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RETAINERS

PART 1B

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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	Biotech Holders
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME	Broadband Holders
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME	Emulex
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

BUSINESS ENTITY	NAME	Extended Systems
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME	Globix
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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: Global Crossing
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Level 3
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

BUSINESS ENTITY	NAME: Metromedia Fiber
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Qualcomm
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

BUSINESS ENTITY	NAME: Windriver Systems
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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: America Online
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Network Appliance
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Agilent
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

BUSINESS ENTITY	NAME: Ariba
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Brocade
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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	Conexant Systems
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	Ezenstar
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	Infospace
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	JDS Uniphase
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE	

BUSINESS ENTITY	NAME	M-Sys Flash Disk
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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STOCK

PART 2

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	Motorola
[2] STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
[3] NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
[4] IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Network Appliance
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Nokia
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Nortel
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Phone.com
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE	

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STOCK

PART 2

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	PMC Sierra
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE	
BUSINESS ENTITY	NAME	RF Micro Devices
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Sandisk
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Siebel Systems
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Silicon Storage
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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MAR-TEC

STOCK

PART 2

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	Texas Instruments
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Vignette
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Vitesse
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Yahoo
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Federated Comm. Tech Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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STOCK

PART 2

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	Invesco Telecomm Fund
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Janus Global Tech Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	PBHG Select Equity Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Firsthand Tech Value Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Firsthand Communications Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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: Janus Twenty Fund				
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☑ DEPENDENT CHILD		
3 NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☑ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Ultra OTC Pro Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Dresdner RCM Global Tech Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Rydex OTC Investor Class Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☑ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Aim Global Telecom + Tech Fund				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	

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BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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: Fidelity Investments
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS: Paine webber
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS: Wells Fargo Bank
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Mercedes Benz Credit Corp
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo Bank
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Bank One
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INTERESTS IN REAL PROPERTY

PART 6A

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	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED We own the house located at the address below
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Woodridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia & Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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TRUST INCOME

PART 8

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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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BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute for Rehabilitation & Research
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	Goodwill Industries
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	Career Recovery Resources
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____

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EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), 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 (Government Code Chapter 305). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS Texas Tech University School of Law Box 40004 Lubbock, TX 79409
2 AMOUNT $ 291.53	Airline $207.00 Hotel 84.53 (Graduation speaker)
PROVIDER	NAME AND ADDRESS Texas Association of Defense Counsel 400 West 15th Austin, TX 78701
AMOUNT $ 157.07	Hotel
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

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INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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.

1 STATE AGENCY	
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, 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	

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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, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 29th day of June, 20 01, to certify which, witness my hand and seal of office.

Darla J Sadler — Signature of officer administering oath
Darla J Sadler — Print name of officer administering oath
Notary Public — Title of officer administering oath

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PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572
For filings required in 2002 covering calendar year ending December 31 2001
Use FORM PFS INSTRUCTION GUIDE when completing this form

TOTAL NUMBER OF PAGES FILED

Account # 1452

OFFICE USE ONLY

Date Received
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HAND DELIVERED
FEB 11 2002
TexasEthicsCommission

Receipt #

HD / PM 2-11

Amount

Date Processed PROCESSED FEB 12 2002

Date Imaged

1 NAME

TITLE FIRST MI
Greg W.
NICKNAME LAST SUFFIX
ABBOTT

2 ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P O. Box 308
Austin TX 78767

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☑ CANDIDATE Attorney General (INDICATE OFFICE)
- ☑ ELECTED OFFICER Texas Supreme Court (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 Cecilia Abbott
- ☐ DEPENDENT CHILD 1 _____
- 2 _____
- 3 _____

In Parts 1 through 15 you will disclose your financial activity during the preceding calendar year In Parts 1 through 10 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

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SOURCES OF OCCUPATIONAL INCOME

PART 1A

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Brobeck Phleger + Harrison 1 Market Spear Street Tower 5th Floor San Francisco CA 94105 NATURE OF OCCUPATION legal services
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD NATURE OF OCCUPATION

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SOURCES OF OCCUPATIONAL INCOME

PART 1A

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 ☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
P O Box 12248
Austin Texas 78711

☐ SELF EMPLOYED

NATURE OF OCCUPATION

Judge

INFORMATION RELATES TO ☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

Bracewell & Patterson
111 Congress, 23rd floor
Austin Texas 78701

☐ SELF EMPLOYED

NATURE OF OCCUPATION

Attorney

INFORMATION RELATES TO ☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St Mary's Cathedral School
910 San Jacinto
Austin Texas 78701

☐ SELF EMPLOYED

NATURE OF OCCUPATION

principal

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STOCK

PART 2

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: Brocade				
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____		
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000 $9 999	☑ $10 000 $24 999	☐ $25 000 OR MORE	
BUSINESS ENTITY	NAME: Emulex				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☑ $5 000 $9 999	☐ $10 000 $24 999	☐ $25 000 OR MORE	
BUSINESS ENTITY	NAME: Genesis Micro chip				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☑ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☑ $5 000 $9 999	☐ $10 000 $24 999	☐ $25 000 OR MORE	
BUSINESS ENTITY	NAME: Krispy Kreme Doughnuts				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000	☐ $5 000 $9 999	☐ $10 000 $24 999	☐ $25 000 OR MORE	
BUSINESS ENTITY	NAME: JDS Uniphase				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☑ 500 TO 999	☑ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☐ $5 000 $9 999	☐ $10 000 $24 999	☑ $25 000 OR MORE	

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RETAINERS

PART 1B

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 ☐ FILER OR FILER S BUSINESS _____ ☐ SPOUSE *OR SPOUSE S BUSINESS* _____ ☐ DEPENDENT CHILD _____ OR CHILD S BUSINESS _____
3 FEE AMOUNT	☐ *LESS THAN $5 000* ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER S BUSINESS _____ ☐ SPOUSE OR SPOUSE S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE

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STOCK

PART 2

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	RF Micro Devices
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☑ $25 000 OR MORE	

BUSINESS ENTITY	NAME	Skillsoft Corp
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE	

BUSINESS ENTITY	NAME	Texas Instruments
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☑ $25 000 OR MORE	

BUSINESS ENTITY	NAME	
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE	

BUSINESS ENTITY	NAME	
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE	

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STOCK

PART 2

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: Nasdaq 100 Trust shares	
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000 ☑ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE	
BUSINESS ENTITY	NAME: Nokia	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☑ $10 000 $24 999 ☐ $25 000--OR MORE	
BUSINESS ENTITY	NAME: Network Associates	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 -OR MORE	
BUSINESS ENTITY	NAME: Nortel Networks	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☑ $25 000 OR MORE	
BUSINESS ENTITY	NAME: Qualcomm	
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☑ $25 000 OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE

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AMERICAN OVERSIGHT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 West Group 620 Opperman Dr. P.O. Box 64779 St Paul MN 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500 $4,999 ☐ $5,000 $9,999 ☐ $10,000 $24,999 ☐ $25,000 OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500 $4,999 ☐ $5,000 $9,999 ☐ $10,000 $24,999 ☐ $25,000 OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500 $4,999 ☐ $5,000 $9,999 ☐ $10,000 $24,999 ☐ $25,000 OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000 - $4,999 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☑ $25,000 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000 - $4,999 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☑ $25,000 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mercedes Benz Credit Corp
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000 - $4,999 ☐ $5,000 - $9,999 ☑ $10,000 - $24,999 ☐ $25,000 OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED: We own the house located at the address below
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY, COUNTY AND STATE: 2601 Wooldridge AUSTIN TX Travis County
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia + Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY, COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE

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AMERICAN OVERSIGHT

GIFTS

PART 7

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 Do not include 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

TRUST INCOME

PART 8

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS
2 HELD ACQUIRED OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

3 *LIABILITIES*	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
		☐ 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
		☐ 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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BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute For Rehabilitation & Research Foundation
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Goodwill Industries
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Career Recovery Resources
POSITION HELD	Board of Director
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation meals, or lodging, as permitted under Penal Code section 36 07(b) 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 (Government Code Chapter 305) 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	

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INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association other than a publicly held corporation in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest For more information *see FORM PFS INSTRUCTION GUIDE*

1 BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305 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	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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

1 STATE AGENCY	
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36 10 provides that the gift prohibitions set out in Penal Code Section 36 08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15 the benefit is reportable here For more informa tion *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	

DARLA SADLER
Notary Public, State of Texas
My Commission Expires
JULY 20 2004

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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 that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572 Government Code

DARLA SADLER
Notary Public, State of Texas
My Commission Expires
JULY 20 2004

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Greg Abbott this the 11th day of February 2002 to certify which witness my hand and seal of office

Darla Sadler — Signature of officer administering oath
Darla Sadler — Print name of officer administering oath
Notary Public — Title of officer administering oath

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Texas Ethics Commission P O Box 12070 Austin Texas 78711 2070 (512) 463 5800 1-800 325 8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572
For filings required in 2003 covering calendar year ending December 31 2002
Use FORM PFS -INSTRUCTION GUIDE when completing this form

TOTAL NUMBER OF PAGES FILED

Account # 19652

OFFICE USE ONLY

Date Received
HAND DELIVERED
RECEIVED
JUN 30 2003
Texas Ethics Commission

Receipt #

HD PM 6/30/03 Amount

Date Processed
PROCESSED JUL 01 2003

Date Imaged

1 NAME

TITLE FIRST MI
Greg W
NICKNAME LAST SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P O Box 308
Austin Tx 78767

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☑ CANDIDATE Attorney General (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 Cecilia Abbott
- ☐ DEPENDENT CHILD 1 _____
- 2 _____
- 3 _____

In Parts 1 through 15 you will disclose your financial activity during the preceding calendar year In Parts 1 through 10 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

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TX-TEC-21-0338-A-000193

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD State of Texas P O Box 12548 Austin TX 78711 NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Bracewell & Patterson 111 Congress, 23rd Floor Austin TX 78701 NATURE OF OCCUPATION Attorney
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

RETAINERS

PART 1B

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 ☐ FILER OR FILER S BUSINESS _____ ☐ SPOUSE OR SPOUSE S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000 OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER S BUSINESS _____ ☐ SPOUSE OR SPOUSE S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK

PART 2

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: Fidelity Small Cap Fund			
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000 OR MORE

BUSINESS ENTITY	NAME: Oakmark Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000- OR MORE

BUSINESS ENTITY	NAME: Hennessy Cornerstone Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000 $9 999	☐ $10 000--$24 999	☐ $25 000- OR MORE

BUSINESS ENTITY	NAME: Fidelity Natural Gas Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE

BUSINESS ENTITY	NAME: Invesco Energy Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☑ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE

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AMERICAN OVERSIGHT

STOCK

PART 2

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	PBHG Select Equity Fund			
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☑ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000 OR MORE

BUSINESS ENTITY NAME	PIMCO Innovation Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☑ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE

BUSINESS ENTITY NAME	PIMCO Biotechnology Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE

BUSINESS ENTITY NAME	PIMCO Global Healthcare Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000 OR MORE

BUSINESS ENTITY NAME	PIMCO Global Technology Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000 $9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE

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AMERICAN OVERSIGHT

STOCK

PART 2

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	AOL Time Warner
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000 OR MORE	

BUSINESS ENTITY	NAME	Americredit Corp
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Amgen
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Bed Bath - Beyond
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Bemis
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

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STOCK

PART 2

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1 BUSINESS ENTITY	NAME	Genesis Microchip
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE	

BUSINESS ENTITY	NAME	NASDAQ 100 TR
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Brocade Communications
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Calpine Corp
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Frontier Oil
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE	

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AMERICAN OVERSIGHT

STOCK

PART 2

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

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1 BUSINESS ENTITY	NAME	General Electric
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE	

BUSINESS ENTITY	NAME	Hovnanian Enterprise
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE	

BUSINESS ENTITY	NAME	IMS Health
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE	

BUSINESS ENTITY	NAME	International Game Technology
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000–$24 999 ☐ $25 000 OR MORE	

BUSINESS ENTITY	NAME	IDA Software
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE	

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AMERICAN OVERSIGHT

STOCK

PART 2

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

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1 BUSINESS ENTITY	NAME	J P. Morgan
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000- OR MORE	

BUSINESS ENTITY	NAME	Myriad Genetics
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Nasdaq 100 Trust
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☑ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Nordstrom
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Nvidia
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE	

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AMERICAN OVERSIGHT

STOCK

PART 2

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

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1 BUSINESS ENTITY	NAME	Omnivision Technologies
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

BUSINESS ENTITY	NAME	Oracle
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

BUSINESS ENTITY	NAME	Pinnacle Systems
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

BUSINESS ENTITY	NAME	Prudent Bear Fund
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000 $9 999 ☑ $10 000 $24 999 ☐ $25 000--OR MORE

BUSINESS ENTITY	NAME	Qualcomm
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☐ $5 000 $9 999 ☑ $10 000 $24 999 ☐ $25 000 OR MORE

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1 BUSINESS ENTITY	NAME	Sanmina
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
BUSINESS ENTITY	NAME	Semiconductor Holders Trust
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
BUSINESS ENTITY	NAME	Texas Instruments
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
BUSINESS ENTITY	NAME	Utstarcom Inc
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
BUSINESS ENTITY	NAME	Xerox
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE

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1 BUSINESS ENTITY	NAME	Navellier Mid Cap Growth Fund
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE	

BUSINESS ENTITY	NAME	Navellier Large Cap Growth Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Red Oak Technology Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	Firsthand Technology Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☑ $10 000--$24 999 ☐ $25 000--OR MORE	

BUSINESS ENTITY	NAME	
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	United States Treasury Bills
2 HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000–OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 West Group 620 Opper Dr P O Box 64779 St Paul MN 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☐ $500--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500 $4,999 ☐ $5,000 $9,999 ☐ $10,000 $24,999 ☐ $25,000 OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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 informa tion *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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1 000 $4 999 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☑ $25 000 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1 000--$4 999 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☑ $25 000 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mercedes Benz Credit Corp
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1 000--$4 999 ☐ $5 000 $9 999 ☑ $10 000 $24 999 ☐ $25 000 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATL 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia + Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000--$24 999 ☐ $25 000 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

GIFTS

PART 7

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 Do not include 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305 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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

TRUST INCOME

PART 8

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000 OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000 $24 999 ☐ $25 000 OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD ACQUIRED OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD ACQUIRED OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 10

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 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	The Institute for Rehabilitation + Research
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	Goodwill Industries
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	Career + Recovery Resources
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____

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AMERICAN OVERSIGHT

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation meals or lodging as permitted under Penal Code section 36 07(b) 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 contribu tions on a campaign finance report or expenditures required to be reported by a lobbyist under the lobby law (Govern ment Code Chapter 305) 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

AMERICAN OVERSIGHT

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership joint venture or other business association other than a publicly held corporation in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest For more information *see* FORM PFS--INSTRUCTION GUIDE

1 BUSINESS ENTITY	NAME AND ADDRESS I was a nonequity partner with the law firm Bracewell + Patterson which may or may not have had
BUSINESS ENTITY	NAME AND ADDRESS a registered lobbyist with an interest in the firm 111 Congress, 23rd Floor Austin TX 78701
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	I was a nonequity partner with Bracewell + Patterson and rendered legal services to + for that firm and that firm may or may not have compensated a person who may be registered as a lobbyist.
2 FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☑ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

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AMERICAN OVERSIGHT

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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

1 STATE AGENCY	
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36 10 provides that the gift prohibitions set out in Penal Code Section 36 08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15 the benefit is reportable here For more informa tion *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	

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AMERICAN OVERSIGHT

Texas Ethics Commission PO Box 12070 Austin Texas 78711-2070 (512) 463-5800 1-800 325-8506

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 that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572 Government Code

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

ROBERT HERNANDEZ
Notary Public State of Texas
My Commission Expires
FEBRUARY 02, 2007

Notary without Bond

Sworn to and subscribed before me by the said GREG ABBOTT ~~ROBERT HERNANDEZ~~ RM this the 30TH day of JUNE 20 03 to certify which witness my hand and seal of office

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
Robert Hernandez	ROBERT HERNANDEZ	NOTARY PUBLIC

AMERICAN OVERSIGHT

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

HAND DELIVERED
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

(HD) / PM 7-15-09

Date Processed PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☐ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☑ 2004 ☐ Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 6A titled "Interests in Real Property." I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 6A. Instead of listing the mortgage holder on Part 6A, I disclosed the mortgage holder on Part 5 under the category "Personal Notes and Lease Agreements." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 6A in addition to Part 5. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Rachel Stanbery	Notary Public

AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P O Box 12070 Austin Texas 78711-2070 (512) 463 5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572
For filings required in 2004 covering calendar year ending December 31 2003
Use FORM PFS -INSTRUCTION GUIDE when completing this form

TOTAL NUMBER OF PAGES FILED

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JUN 29 2004
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Receipt #

HD PM 6-29-04 Amount

Date Processed PROCESSED JUN 30 2004

Date Imaged

1 NAME

TITLE FIRST MI
Greg W.
NICKNAME LAST SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P. O Box 308
Austin Texas 78767

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 _____
- ☐ DEPENDENT CHILD 1 _____
  2 _____
  3 _____

In Parts 1 through 15 you will disclose your financial activity during the preceding calendar year In Parts 1 through 10 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

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SOURCES OF OCCUPATIONAL INCOME

PART 1A

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Office of Attorney General P.O Box 12548 Austin Tx 78711 NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD NATURE OF OCCUPATION

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RETAINERS

PART 1B

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 ☐ FILER OR FILER S BUSINESS _____ ☐ SPOUSE OR SPOUSE S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER S BUSINESS _____ ☐ SPOUSE OR SPOUSE S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

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TX-TEC-21-0338-A-000225

STOCK

PART 2

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	Fidelity Small Cap Independence				
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
3 NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
4 IF SOLD	☐ NET GAIN	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000- OR MORE
	☑ NET LOSS				
BUSINESS ENTITY NAME	Oakmark Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD	☐ NET GAIN	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
	☑ NET LOSS				
BUSINESS ENTITY NAME	Hennessy Cornerstone Growth Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD	☐ NET GAIN	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
	☑ NET LOSS				
BUSINESS ENTITY NAME	Invesco Energy Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☑ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD	☑ NET GAIN	☑ LESS THAN $5 000	☐ $5 000 $9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
	☐ NET LOSS				
BUSINESS ENTITY NAME	Fidelity Select Natural Gas Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD	☐ NET GAIN	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
	☑ NET LOSS				

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STOCK

PART 2

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 S & P 500 Depository Receipt				
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE	
BUSINESS ENTITY	NAME Diamonds Trust Ser I				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999	
	☑ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE	
BUSINESS ENTITY	NAME Nasdaq 100 Trust Unit Series I				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☑ 10 000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☑ $10 000 $24 999	☐ $25 000- OR MORE	
BUSINESS ENTITY	NAME Biotech Holders Trust				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE			
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE	
BUSINESS ENTITY	NAME Semiconductors Holders Trust				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999	
	☐ 5 000 TO 9 999	☑ 10 000 OR MORE			
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE	

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STOCK

PART 2

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 PBHG Select Growth Fund			
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____	
3 NUMBER OF SHARES	☑ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☑ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
BUSINESS ENTITY	NAME Pimco Innovation Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☑ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
BUSINESS ENTITY	NAME Pimco Global Technology Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
BUSINESS ENTITY	NAME Pimco Global Healthcare Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
BUSINESS ENTITY	NAME Pimco Biotechnology Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD ____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE

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TX-TEC-21-0338-A-000228

STOCK

PART 2

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: Altera	
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

BUSINESS ENTITY	NAME: Avid Technology	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

BUSINESS ENTITY	NAME: Electronics Arts	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000	☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

BUSINESS ENTITY	NAME: Qualcomm	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000 $9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

BUSINESS ENTITY	NAME: Research in Motion	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1 000 TO 4 999 ☐ 5 000 TO 9 999 ☐ 10 000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000–$9 999 ☐ $10 000 $24 999 ☐ $25 000–OR MORE

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STOCK

PART 2

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: Fidelity Municipal Money Market Fund			
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000 $24 999	☐ $25 000 OR MORE
BUSINESS ENTITY	NAME: SanDisk			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☑ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
BUSINESS ENTITY	NAME: Genesis Microchip			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☑ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5 000	☑ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
BUSINESS ENTITY	NAME: Rising Rates Opportunity Pro Fund			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000 $9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE
BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
	☐ 5 000 TO 9 999	☐ 10 000 OR MORE		
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000	☐ $5 000--$9 999	☐ $10 000--$24 999	☐ $25 000--OR MORE

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BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	United States Treasury Bills
2 HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 West Services Inc 610 Opperman Dr. P.O. Box 64779 St Paul MN 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☐ $500--$4 999 ☑ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4 999 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500 $4 999 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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 informa tion *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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1 000--$4 999 ☐ $5 000 $9 999 ☐ $10 000--$24 999 ☑ $25 000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1 000--$4 999 ☐ $5 000--$9 999 ☑ $10 000--$24 999 ☐ $25 000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1 000 $4 999 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE

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INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia + Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT
TX-TEC-21-0338-A-000234

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

GIFTS

PART 7

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 Do not include 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305 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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

TRUST INCOME

PART 8

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD ACQUIRED OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

TX-TEC-21-0338-A-000238

CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD ACQUIRED OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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 ☐ 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 ☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 10

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 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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation meals, or lodging, as permitted under Penal Code section 36 07(b) 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 contribu tions on a campaign finance report or expenditures required to be reported by a lobbyist under the lobby law (Govern ment Code Chapter 305) 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

AMERICAN OVERSIGHT

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership joint venture or other business association other than a publicly-held corporation in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest For more information *see* FORM PFS INSTRUCTION GUIDE

1 BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305 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	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000 $9 999 ☐ $10 000 $24 999 ☐ $25 000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

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AMERICAN OVERSIGHT

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5 000 ☐ $5 000--$9 999 ☐ $10 000--$24 999 ☐ $25 000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36 10 provides that the gift prohibitions set out in Penal Code Section 36 08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, 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	

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AMERICAN OVERSIGHT

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 that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572 Government Code

Signature of Filer

ALISA K RIED
Notary Public, State of Texas
My Commission Expires
JANUARY 08 2006

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Greg W Abbott this the 29th day of June 2004 to certify which witness my hand and seal of office

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
Alisa K Ried	Alisa K Ried	Notary Public

AMERICAN OVERSIGHT

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

HAND DELIVERED
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-15-09

Date Processed

PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☐ 2008 ☐ 2007 ☐ 2006 ☑ 2005 ☐ 2004 ☐ Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 7A titled "Interests in Real Property." I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 7A. Instead of listing the mortgage holder on Part 7A, I disclosed the mortgage holder on Part 6 under the category "Personal Note." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 7A in addition to Part 6. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Greg Abbott

Signature of Filer

NOTARY PUBLIC STATE OF TEXAS
RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Rachel Stanbery

Print name of officer administering oath

Notary Public

Title of officer administering oath

R: 420878

AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge, Austin, Travis, Texas
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000–OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2005, covering calendar year ending December 31, 2004.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

OFFICE USE ONLY

Date Received
HAND DELIVERED
RECEIVED
JUN 3 0 2005
Texas Ethics Commission

Receipt #

Amount

Date Processed
PROCESSED JUN 3 0 2005

Date Imaged

1 NAME	TITLE; FIRST; MI Greg W. NICKNAME; LAST; SUFFIX Abbott	
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 308 Austin, Texas 78767	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION [redacted]	

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 19, 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.

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AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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AMERICAN OVERSIGHT

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME	Unova
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	DSP Group
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Cree
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Diamonds Trust
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Overstock.com
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Nasdaq 100 Trust
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: II VI Inc.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Amgen
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: S & P 500 Depository Receipt
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Semiconductor Holders Trust
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: I Shares Tr 7-10 Yr Treas Index Fund
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000–$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000–$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000–$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 T Rowe Price Cap Appreciation Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME T Rowe Price Mid Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Fidelity Municipal Money Market Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Oakmark Equity & Income Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Janus Mid Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Julius Baer International Equity Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Aegis Value Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME FPA Crescent Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Excelsior Emerging Market Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 First Eagle Global Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Fidelity Select Medical Equipment and Systems
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Hennessy Cornerstone Growth Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Loomis Sayles Bond Retail Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999. ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Matthews Pacific Tiger Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Rising Rates Opportunity Pro Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 West Services, Inc. 610 Opperman Dr. P.O. Box 64779 St. Paul, MN 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Smart Tuition
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge, Austin, Travis County, Texas
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia and Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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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. 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 Big Brothers Big Sisters Texas 205 West Main Arlington, Texas 76010
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	transportation
DONOR	NAME AND ADDRESS Ed McCrory 5703 Sunset Oak Spring, Texas 77379
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	Texas Justice statue
DONOR	NAME AND ADDRESS Kevin Eltife 112 South College Ave. Tyler, Texas 75702
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	ink stand

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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.

AMERICAN OVERSIGHT

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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	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
		☐ 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
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Juan Diego Catholic High School
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 Big Brothers Big Sisters Texas 205 West Main Arlington, Texas 76010
2 AMOUNT	$617.10
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 12/10/2004

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

REFERRALS

PART 19

☐ NOT APPLICABLE

A state officer who is also an attorney must report making or receiving any referral for compensation for legal services and the category of the amount of the fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE	
2 CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $25,000 OR MORE
SOURCE	
CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $25,000 OR MORE
SOURCE	
CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $25,000 OR MORE
SOURCE	
CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $25,000 OR MORE
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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, 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.

Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

ALISA K. RIED
Notary Public, State of Texas
My Commission Expires
JANUARY 08, 2006

Sworn to and subscribed before me, by the said Greg Abbott, this the 27th day of June, 20 05, to certify which, witness my hand and seal of office.

Alisa K. Ried

Signature of officer administering oath

Alisa K Ried

Print name of officer administering oath

Notary Public

Title of officer administering oath

AMERICAN OVERSIGHT

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

HAND DELIVERED
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-15-09

Date Processed PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☐ 2008 ☐ 2007 ☑ 2006 ☐ 2005 ☐ 2004 ☐ Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 7A titled "Interests in Real Property." I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 7A. Instead of listing the mortgage holder on Part 7A, I disclosed the mortgage holder on Part 6 under the category "Personal Note." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 7A in addition to Part 6. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Greg Abbott

Signature of Filer

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Rachel Stanbery
Print name of officer administering oath

Notary Public
Title of officer administering oath

AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge, Austin, Travis, Texas
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2006, covering calendar year ending December 31, 2005.
Use FORM PFS–INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED: 34

ACCOUNT #: 19652

OFFICE USE ONLY

Date Received: HAND DELIVERED RECEIVED
FEB 13 2006
Texas Ethics Commission

Receipt #

HD PM 2-13-06 | Amount

Date Processed: PROCESSED FEB 14 2006

Date Imaged

1 NAME

TITLE; FIRST; MI: Greg W.

NICKNAME; LAST, SUFFIX: Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE, ZIP CODE:
P.O. Box 308
Austin, Texas 78767

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER, EXTENSION: [redacted]

4 REASON FOR FILING STATEMENT

- ☑ CANDIDATE Attorney General (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 _____

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

AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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Revised 12/02/2005

AMERICAN OVERSIGHT

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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Revised 12/02/2005

AMERICAN OVERSIGHT

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	NAME	S&P 500 Depository Receipt
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Nasdaq 100 Tr Unit Ser 1
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	India Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	IShares Tr FTSE Xinhau HK China 25 Index
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	I Shares MSCI Emerging Markets Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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AMERICAN OVERSIGHT

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		NAME: Powershares Dynamic Market Portfolio
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: IShares Tr MSCI EAFE Index Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Unova
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: IShares Tr Russell 2000 Index Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Symbol Technology
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	NAME: Zebra Technology
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Morgan Stanley India Investment Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Markel Corp.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Janus Mid Cap Value Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Pimco Commodity Real Return
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME T Rowe Price Mid Cap Value
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Alpine Dynamic Dividend Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Aegis Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Dodge & Cox International Stock Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Excelsior Emerging Markets Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Rising Rates Pro Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Janus Mid Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000–$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Julius Baer International Equity Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Fidelity Municipal Money Market Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Fidelity Select Medical Equipment & Systems Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Kinetics Paradigm Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Matthews Pacific Tiger Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME T Rowe Price Cap Appreciation Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 SSGA Emerging Markets Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Stratton Small Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Loomis Sayles Bond Retail Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 FPA Crescent Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME First Eagle Global Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Oakmark Equity & Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Fairholme Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Rising Rates 10 Pro Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 Aegis Value Fund 1100 North Glebe Road, Suite 1040 Arlington, Virginia 22201
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS FPA Crescent Fund 11400 West Olympic Boulevard, Suite 1200 Los Angeles, California 90064
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Janus Mid Cap Value Fund 151 Detroit Street Denver, CO 80206
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 T Rowe Price Cap Appreciation Fund P.O. Box 17630, Baltimore, MD 21297-1630.
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS West Services 610 Opperman Dr. P.O. Box 64779 St. Paul, MN 55164
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Smart Tuition
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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Revised 12/02/2005

AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge, Austin, Travis County, Texas
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia and Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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. 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 Ted Cruz,Ed Burbach, David Morales, Barry McBee, Don Willett, Casey Hoffman, Stacey Schiff.....(continued below)
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Framed picture of Supreme Court Oral Argument
DONOR	NAME AND ADDRESS Don Clemmer, Elizabeth Rogers, Angela Hale 300 W. 15th Street, Austin, Texas 78701
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	Framed picture of Supreme Court Oral Argument
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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Revised 12/02/2005

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

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AMERICAN OVERSIGHT

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.

AMERICAN OVERSIGHT

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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

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	Juan Diego Catholic High School		
2 POSITION HELD	Board of Directors		
3 POSITION HELD BY	☐ FILER	☑ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 Conference of Western Attorneys General 1300 I Street, suite 1340 Sacramento, California 95814
2 AMOUNT	$1164.32
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 12/02/2005

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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?	☐ YES ☐ NO

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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, 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

AFFIX NOTARY STAMP / SEAL ABOVE

OTIS D McCARVER
Notary Public, State of Texas
My Commission Expires
FEBRUARY 07, 2007
Notary without Bond

Sworn to and subscribed before me, by the said _____, this the 12 day of FEB, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	OTIS D McCARVER	NOTARY

Revised 12/02/2005

AMERICAN OVERSIGHT

MID#24657 log NA out DFS

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

Corrected Financial Statement and Good-Faith Affidavit

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections.

OFFICE USE ONLY	
HAND DELIVERED RECEIVED AUG 10 2007	
Receipt # Texas Ethics Commission	Amount
HD / PM 8-10-07	
Date Processed PROCESSED AUG 13 2007	
Date Imaged	

Filer Name (First, MI, Last)	Account #
Greg W. Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)
P.O. Box 308
(City, State, Zip Code)
Austin, Texas 78767

The correction(s) filed with this affidavit apply to my financial statement due in

☑ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☐ 2003 ☐ 2002 ☐ Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

A gift was inadvertently omitted from the original report. Also, the net gain on stock holding Rising Rates Opportunity 10 Profund was inadvertently omitted. The box naming Filer as owner of Fidelity Municipal Money Market Fund was inadvertently unchecked. Pursuant to Government Code Section 571.0771 I request the Ethics Commission waive any late penalty because the report as originally filed substantially complied with the applicable law, the inadvertent omission in the report as originally filed was made in good faith, and the amended report and good-faith affidavit was filed before the 14th business day after the date I learned that the report as originally filed was inaccurate.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by GREG ABBOTT this the 10th day of August, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Rachel Stanbery Printed name of officer administering oath | Notary Public Title of officer administering oath

AMERICAN OVERSIGHT

R: 348816

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. 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 Blake Byram: 5910 Bold Ruler Way, Austin, Texas 78746
2 RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Transportation Expense
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Rising Rates Opportunity 10 Profund
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Fidelity Municipal Money Market Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2007, covering calendar year ending December 31, 2006.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED: 33

ACCOUNT # 19652

OFFICE USE ONLY

Date Received
HAND DELIVERED
RECEIVED
JUN 29 2007
Texas Ethics Commission

Receipt #

HD PM 6-29-07 Amount

Date Processed PROCESSED JUN 29 2007

Date Imaged

1 NAME

TITLE; FIRST; MI
Greg W.

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 308
Austin, Texas 78767

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 Cecilia Abbott

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

AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Girling Healthcare 4902 Grover Austin, Texas 78756
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Community outreach
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Harris & Harris Group
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Intermec
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Morgan Stanley India Investment Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Nasdaq 100 Tr Unit Ser 1
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Zebra Technologies
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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		NAME: Diamonds Trust Ser 1
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Powershares Dynamic Market Portfolio
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Rising Rates Opportunity 10 Profund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: S&P 500 Depository Receipt
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Markel Corp. Holding Co.
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Symbol Tech
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Aegis Value Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Dodge & Cox International Stock Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Excelsior Emerging Markets Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Fidelity Pacific Basin Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME FPA Crescent Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Fairholme Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 First Eagle Global Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Oakmark Equity & Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Janus Mid Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Julius Baer International Equity Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Kinetics Paradigm Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Loomis Sayles Bond Retail Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Matthews Pacific Tiger Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME T. Rowe Price Capital Appreciation Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME T. Rowe Price Mid Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 SSGA Emerging Markets Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Stratton Small Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Fidelity Municipal Money Market Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Alpine Dynamic Dividend Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Fidelity Select Medical Equip & Systems Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 West Services 610 Opperman Dr. P.O. Box 64779 St. Paul, Minn. 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Smart Tuition
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Sallie Mae
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia & Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 7B

☐ NOTAPPLICABLE

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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. 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 Steve Stodghill 1717 Main Street, Suite 5000 Dallas, Texas 75201
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Two tickets to a Dallas Mavericks game
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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.

AMERICAN OVERSIGHT

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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Juan Diego Catholic High School, Austin, Texas		
2 POSITION HELD	Board of Directors		
3 POSITION HELD BY	☐ FILER	☑ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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, 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

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 29th day of June, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Rachel Stanbery Print name of officer administering oath	Notary Public Title of officer administering oath

AMERICAN OVERSIGHT

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

~~HAND DELIVERED~~
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-15-09

Date Processed PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☑ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☐ Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 7A titled "Interests in Real Property." I inadvertently failed to check the box indicating that the real property I own is my home residence. In addition, I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 7A. Instead of listing the mortgage holder on Part 7A, I disclosed the mortgage holder on Part 6 under the category "Personal Note." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 7A in addition to Part 6. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Rachel Stanbery, Print name of officer administering oath | Notary Public, Title of officer administering oath

AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: 7W

ACCOUNT #: 19652

OFFICE USE ONLY

Date Hand Delivered / Received: HAND DELIVERED RECEIVED JUN 30 2008 Texas Ethics Commission

Receipt #

HD PM 6-30-08 | Amount

Date Processed: PROCESSED JUN 30 2008

Date Imaged

1 NAME

TITLE; FIRST; MI: Greg W.

NICKNAME; LAST; SUFFIX: Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE:
P.O. Box 308
Austin, Texas 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION: [redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 _____

DEPENDENT CHILD 1. [redacted]

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.

35 **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY** R. 374729

AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Girling Healthcare 4902 Grover Austin, Texas 78756
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Community relations
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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AMERICAN OVERSIGHT

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: S&P Mid Cap 400 Dep. Recpts ETF
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Morgan Stanley India Investment Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: SPDR Index MSCI All Country World Index Ex-US ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Vanguard Extended Market Index ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Vanguard Growth Index ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Bldrs Emerging Markets 50 ADR Index
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: I Shares Trust NYSE Composite Index
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: S&P 500 Depository Receipt
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Harris & Harris Group
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Zebra Technologies
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Dow Jones AIG Commodity Index Total Return
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Diamonds Trust
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Intermec
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: I Shares FTSE Xinhua HK China 25 Index
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Nasdaq 100 Trust
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Vanguard Total Stock Market Index ETF
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Wisdomtree DEFA ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Powershares QQQ Trust
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Disney
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD 1
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME:
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 T. Rowe Price Capital Appreciation Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME T. Rowe Price Mid Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME SSGA Emerging Markets Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Loomis Sayles Bond Retail Shares
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Matthews Pacific Tiger Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Permanent Portfolio Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Janus Mid Cap Value Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Julius Baer International Equity Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Kinetics Paradigm Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Fairholme Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME First Eagle Global Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Oakmark Equity & Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Excelsior Value and Restructuring Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME FBR Focus Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME FPA Crescent Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Dodge & Cox International Stock Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Aegis Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Excelsior Emerging Markets Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Fidelity Municipal Money Market Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Fidelity Pacific Basin Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Amana Mutual Fund Trust Growth
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Stratton Small Cap Value Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 West Services 610 Opperman Dr. P.O. Box 64779 St. Paul, Minn. 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Wells Fargo Bank P.O. Box 3908 Portland, Oregon 97208
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Fidelity Investments 82 Devonshire Street Boston, Mass. 02109
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Smart Tuition
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Sallie Mae
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia and Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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. 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 Al Boenker 6030 Jacksboro Hwy Fort Worth, Texas 76135
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Hunting trip
DONOR	NAME AND ADDRESS Ricky Fain Mark Davis Quail Ridge Ranch P.O. Box 900 Glen Rose, Texas 76043
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	Hunting trip
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

TRUST INCOME

PART 9

☐ NOTAPPLICABLE

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $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	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.

AMERICAN OVERSIGHT

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	DESCRIPTION	CATEGORY ☐ LESS THAN $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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Ballet Austin		
2 POSITION HELD	Board of Directors		
3 POSITION HELD BY	☐ FILER	☑ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION	Juan Diego Catholic High School, Austin Texas		
POSITION HELD	Board of Directors		
POSITION HELD BY	☐ FILER	☑ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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.

Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

ALISA K. RIED
Notary Public, State of Texas
My Commission Expires
JANUARY 08, 2010

Notary without Bond

Sworn to and subscribed before me, by the said Greg Abbott, this the 30th day of June, 20 08, to certify which, witness my hand and seal of office.

Alisa K Ried	Alisa K. Ried	Notary
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

AMERICAN OVERSIGHT

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

HAND DELIVERED
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt # | Amount

(HD) / PM 7-15-09

Date Processed PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☑ 2009 ☐ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☐ Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This information was inadvertently left off of the report that was filed just a few days ago. Upon learning of the error, I immediately amended the report to include the attached information. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statement as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the mistake.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Greg Abbott
Signature of Filer

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Rachel Stanbery — Print name of officer administering oath | Notary Public — Title of officer administering oath

(2) AMERICAN OVERSIGHT

R: 420850

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Fidelity Municipal Money Market Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

OFFICE USE ONLY 6/29

Date Received
HAND DELIVERED
RECEIVED
JUN 29 2009
Texas Ethics Commission

Receipt #

(HB) / PM 6-29-09 | Amount

Date Processed PROCESSED JUN 29 2009

Date Imaged

1 NAME

TITLE; FIRST; MI
Greg W.

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 308
Austin, Texas 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
([redacted])

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 _____

DEPENDENT CHILD 1. [redacted]

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.

36 **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY** R: 416358

AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO ☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ (Check If Filer's Home Address)

Office of Attorney General
P.O. Box 12548
Austin, Texas 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Attorney General

INFORMATION RELATES TO ☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ (Check If Filer's Home Address)

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO ☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ (Check If Filer's Home Address)

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: S&P MidCap 400 ETF
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Morgan Stanley India Fund ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: SPDR Gold Trust ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: PowerShares DB US Dollar ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: SPDR S&P 500 Index ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	NAME: Harris & Harris Group
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: iPath S&P GSCI Total Return Index ETN
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: iPath Dow Jones AIG Commodity Index Total Return ETN
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: BLDRS Emerging Markets 50 ADR Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: iShares NYSE Composite Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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.

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1 BUSINESS ENTITY	NAME: SPDR MSCI ACWI ex-US ETF
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Vanguard Extended Market ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Vanguard Growth ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Vanguard Total Stock Market ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Disney
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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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	NAME: WisdomTree DEFA Fund
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: PowerShares DB Commodity Index Tracking Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Oakmark Equity & Income Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Janus MidCap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Loomis Sayles Bond Retail Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 UMB Scout International Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Columbia Value & Restructuring Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME FPA Crescent Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Leuthold Asset Allocation Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Permanent Portfolio Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Stratton Small Cap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Matthews Pacific Tiger Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME T Rowe Price Capital Appreciation Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME SSGA Emerging Markets Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Amana Growth Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Columbia Emerging Markets Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Dodge & Cox International Stock Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

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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: FBR Focus Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Fairholme Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Fidelity Pacific Basin Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 First Eagle Global Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Artisan International Equity Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Kinetics Paradigm Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 West Services 610 Opperman Dr. P.O. Box 64779 St. Paul, Minn. 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Fidelity Investments 82 Devonshire Street Boston, Mass. 02109
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Greater Texas Federal Credit Union
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mercedes-Benz Financial
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Smart Tuition
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Sallie Mae
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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. 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 Barry Andrews 2730 Irving Blvd. Dallas, Texas 75207
2 RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	tickets and food at Cowboys game with Barry Andrews
DONOR	NAME AND ADDRESS Barry Andrews 2730 Irving Blvd. Dallas, Texas 75207
RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	tickets and food at Cowboys game with Barry Andrews
DONOR	NAME AND ADDRESS Mark Davis & Ricky Fain Quail Ridge Ranch P.O. Box 900 Glen Rose, Texas 76043
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	hunting trip with Mark and Ricky

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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. 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 David Dewhurst P.O. Box 756 Austin, Texas 78767
2 RECIPIENT	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	transportation and lodging on trip with David Dewhurst
DONOR	NAME AND ADDRESS Jim Leininger 8122 Datapoint Drive, suite 1000 San Antonio, Texas 78229
RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	transportation and lodging on trip with Jim Leininger
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

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. 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 Caren Burbach 3 Beecher Ln. Austin, Tx 78746
2 RECIPIENT	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	jacket given as Christmas gift
DONOR	NAME AND ADDRESS Caren Burbach, 3 Beecher Ln., Austin, Tx 78746 Valerie Shaw, 7504 Loasa Cove, Austin, Tx 78735 Stacee Bell, PO Box 7900, Horseshoe Bay, Tx 78657 Linda McCaul, 2004 San Miguel Ln. Austin, Tx 78746
RECIPIENT	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	purse given as a group for a birthday gift
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

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AMERICAN OVERSIGHT

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.

AMERICAN OVERSIGHT

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

☐ NOTAPPLICABLE

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	DESCRIPTION	CATEGORY ☐ LESS THAN $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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

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	Ballet Austin		
2 POSITION HELD	Board of Directors		
3 POSITION HELD BY	☐ FILER	☑ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	

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AMERICAN OVERSIGHT

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

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AMERICAN OVERSIGHT

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.

Greg Abbott

Signature of Filer

NOTARY PUBLIC STATE OF TEXAS
RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 29th day of June, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Rachel Stanbery	Notary Public
	Print name of officer administering oath	Title of officer administering oath

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2010, covering calendar year ending December 31, 2009.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

OFFICE USE ONLY 2/16

Date Received
HAND DELIVERED
RECEIVED
FEB 12 2010
Texas Ethics Commission

Receipt #

HD / PM 2/12/10 Amount

Date Processed
PROCESSED FEB 12 2010

Date Imaged

1 NAME

TITLE; FIRST; MI
Greg W.

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 308
Austin, Texas 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☑ CANDIDATE Attorney General (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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.

31 **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY** R443055

AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BYANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Office of the Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Harden Healthcare 1703 West 5th Street, Suite 700 Austin, Texas 78703
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Community Relations
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address)
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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AMERICAN OVERSIGHT

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 fo 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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	NAME: SPDR S&P 500 Index ETF
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Diamonds Trust Dow Jones Industrial Average ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: IShares FTSE/Xinhua China 25 Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: SPDR S&P Metals & Mining ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: IShares MSCI Emerging Markets Index ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	IShares Barclays TIPS Bond Fund ETF (NAME)
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	IShares Russell 2000 Index ETF (NAME)
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	ProShares UltraShort 20+ Year Treasury ETF (NAME)
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	DryShips Inc. (NAME)
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	PowerShares DB Commodity Index Tracking Fund (NAME)
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	NAME: Diana Shipping
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Disney
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD 1
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Fidelity Municipal Money Market Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Columbia Value and Restructuring Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME FPA Crescent Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 acquiredIf 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 Fairholme Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Oakmark Equity & Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Janus Midcap Value Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 acquiredIf 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 Loomis Sayles Bond Retail Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME T Rowe Price Capital Appreciation Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME James Balanced Golden Rainbow Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Matthews Pacific Tiger Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Matthews Asian Growth & Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Permanent Portfolio Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 PIMCO Commodity Real Return Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME SSGA Emerging Markets Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 West Services 610 Opperman Dr. P.O. Box 64779 St. Paul, Minn. 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Greater Texas Federal Credit Union
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mercedes-Benz Financial
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 sa
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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisina Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 sa
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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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. 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 Alexander and Kara Pepe 1500 Palisades Point Lane Austin, Texas 78738-5372
2 RECIPIENT	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	tickets and food for an event attended with Alexander and Kara Pepe
DONOR	NAME AND ADDRESS Mark David & Ricky Fain Quail Ridge Ranch P.O. Box 900 Glen Rose, Texas 76043
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	hunting trip with Mark and Ricky
DONOR	NAME AND ADDRESS James and Jane Bonham 959 Kirby Drive Houston, Texas 77019
RECIPIENT	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	lodging

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AMERICAN OVERSIGHT

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. 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 Jim Leininger 8122 Datapoint Drive, Suite 1000 San Antonio, Texas 78229
2 RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	transportation and lodging on trip with Jim Leininger
DONOR	NAME AND ADDRESS Steve and Donna Hicks 1703 West 5th Street, Suite 800 Austin, Texas 78703
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
DESCRIPTION OF GIFT	travel guide membership
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $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 10AThe 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.

AMERICAN OVERSIGHT

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ 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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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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	DESCRIPTION	CATEGORY ☐ LESS THAN $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
		☐ 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
		☐ 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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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 heldFor 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	Ballet Austin
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	University of St. Thomas
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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 lobbyistReport 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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

☐ NOT APPLICABLE

This section applies only to members of the Texas Legislature. A member of theTexas Legislature who represents a person for compensation before a st ate 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 ministerialtac 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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 257 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	

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AMERICAN OVERSIGHT

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?	☐ YES ☐ NO

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

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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, 2009, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Greg Abbott

Signature of Filer

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 12th day of February, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Rachel Stanbery	Notary Public

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2011, covering calendar year ending December 31, 2010. ✓
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

1 NAME

TITLE; FIRST; MI
Greg W.
NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 308
Austin, Texas 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

OFFICE USE ONLY

Date Received
HAND DELIVERED
RECEIVED
JUN 28 2011
Texas Ethics Commission

Receipt #

HD / PM 6-28-11 Amount

Date Processed PROCESSED JUN 28 2011

Date Imaged

4 REASON FOR FILING STATEMENT

- ☑ CANDIDATE Attorney General (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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.

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AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Harden Healthcare 1703 W. 5th Street, Suite 700 Austin, Texas 78703
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Community Relations
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address)
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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AMERICAN OVERSIGHT

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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	NAME: Diana Shipping
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: PowerShares DB Commodity Index Tracking Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: ProShares UltraShort 20+ Year Treasury ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Disney
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD 1
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: E-Commerce China DangDang
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Fidelity Municipal Money Market Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Fidelity Floating Rate High Income
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: American Beacon Retirement Income & Appreciation Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOTAPPLICABLE

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: American Century Short Duration Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: American Century Inflation Protected Bond Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: FPA Crescent Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOTAPPLICABLE

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	Greenspring Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
MUTUAL FUND	NAME	Oakmark Equity & Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
MUTUAL FUND	NAME	Intrepid Capital Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: James Balanced Golden Rainbow Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Janus Balanced Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Janus Short Term Bond Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Fairholme Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND		NAME: American Century Inflation Protected Bond Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND		NAME: First Eagle Global Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND		☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Merger Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Matthews Pacific Tiger Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Matthews Asian Growth & Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Pimco Low Duration Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND		NAME: Permanent Portfolio Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND		NAME: Pimco Commodity Real Return Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND		☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Ranier Intermediate Fixed Income Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: T. Rowe Price Capital Appreciation Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: SSGA Emerging Markets Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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 Wasatch Emerging Markets Small Cap Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME Weitz Short Intermediate Income Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 West Services 610 Opperman Dr. P.O. Box 64779 St. Paul, Minn. 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Greater Texas Federal Credit Union
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mercedes Benz Financial
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	Public Storage Austin, Texas
2 LIABILITY OF	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 tbe 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 informatio, *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 Jim Leininger 8122 Datapoint Dr. Suite 1000 San Antonio, Texas 78229
2 RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	transportation and lodging on a trip with Jim Leininger
DONOR	NAME AND ADDRESS Mark Davis & Ricky Fain Quail Ridge Ranch P.O. Box 900 Glen Rose, Texas 76043
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
DESCRIPTION OF GIFT	food, lodging and hunting trip with Mark and Ricky
DONOR	NAME AND ADDRESS Bob Stover 2400 Augusta Place, suite 288 Houston, Texas 77057
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
DESCRIPTION OF GIFT	a pair of boots

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AMERICAN OVERSIGHT

GIFTS

PART 8

☐ NOTAPPLICABLE

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 Ernest and George Sikes 16620 Highway 283 Santa Anna, Texas 76878
2 RECIPIENT	☑ FILER ☐ SPOUSE ☑ DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	Food, lodging and hunting trip with Ernest and George (twice for filer, once for dependent child)
DONOR	NAME AND ADDRESS James Huffines 2323 Victory Avenue Dallas, Texas 75219
RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD 1
DESCRIPTION OF GIFT	food and tickets for football game attended with James
DONOR	NAME AND ADDRESS Harold Simmons 5430 LBJ Freeway, suite 1700 Dallas, Texas 75240
RECIPIENT	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD
DESCRIPTION OF GIFT	food and tickets for football game attended with Harold

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AMERICAN OVERSIGHT

TRUST INCOME

PART 9

☐ NOTAPPLICABLE

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

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AMERICAN OVERSIGHT

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.

AMERICAN OVERSIGHT

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

☐ NOTAPPLICABLE

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

☐ NOTAPPLICABLE

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	DESCRIPTION	CATEGORY ☐ LESS THAN $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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 12

☐ NOTAPPLICABLE

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	University of St. Thomas -- Houston
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Alzheimer's Association -- Capital of Texas Chapter
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	My Healing Place -- Austin
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	National Center for Missing and Exploited Children/Texas
POSITION HELD	Texas Regional Advisory Board
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Holy Trinity Seminary -- Dallas
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	

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AMERICAN OVERSIGHT

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

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AMERICAN OVERSIGHT

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, 2010, 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

JULIA THOMPSON
Notary Public, State of Texas
My Commission Expires
May 03, 2014

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 28th day of June, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
Julia Th	Julia Thompson	Notary Public

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2012, covering calendar year ending December 31, 2011.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

OFFICE USE ONLY

Date Received
HAND DELIVERED
RECEIVED
JUN 26 2012
Texas Ethics Commission

Receipt #

HD / PM 6-26-12 Amount

PROCESSED JUN 26 2012

Date Imaged

1 NAME

TITLE; FIRST; MI
Greg W.

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 308
Austin, Texas 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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 [redacted]

DEPENDENT CHILD 1. [redacted]

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.

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AMERICAN OVERSIGHT

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Harden Healthcare 1703 W. 5th Street, Suite 700 Austin, Texas 78703
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Community Relations
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address)
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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AMERICAN OVERSIGHT

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	NAME: SPDR S&P 500 ETF
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Pimco Enhanced Short Maturity ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: Disney
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: E-Commerce China DangDang
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: IShares Silver ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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		NAME: Youku Com Inc
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: ProShares UltraShort 20+ Year Treasury ETF
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME
STOCK HELD OR ACQUIRED BY		☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME
STOCK HELD OR ACQUIRED BY		☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME
STOCK HELD OR ACQUIRED BY		☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Fidelity Floating Rate High Income
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: American Beacon Retirement Income & Appreciation
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: American Century Short Duration
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: American Century Inflation Protection Bond Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: FPA Crescent
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Fairholme Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: First Eagle Global
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Greenspring Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Oakmark Equity & Income
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Intrepid Capital Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: James Balanced
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Janus Balanced Fund
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Merger Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME: Permanent Portfolio
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME: Pimco Commodity Real Return
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Rainier Intermediate Fixed Income
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: T Rowe Price Capital Appreciation
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: SSGA Emerging Markets
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Wasatch Emerging Markets
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Weitz Short Intermediate Income
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Fidelity Municipal Money Market
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Janus Short Term Bond Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: Pimco Low Duration
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME:
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

☐ NOTAPPLICABLE

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 Pimco Commodity Real Return Mutual Fund
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS West Services 610 Opperman Dr. P.O. Box 64779 St. Paul, Minn. 55164
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

☐ NOTAPPLICABLE

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Plains Capital Bank
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Greater Texas Federal Credit Union
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

☐ NOTAPPLICABLE

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	Mercedes Benz Financial
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage -- Austin, Texas
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Monarch by Windsor Residential -- Austin
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank Plains Capital Bank
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 7B

☐ NOTAPPLICABLE

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 Barry Andrews 2730 Irving Blvd. Dallas, Texas 75207
2 RECIPIENT	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Food and ticket for football game attended with Barry and a crytal football souvenir
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	food, lodging and transportation for trip with the Coon family
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

TRUST INCOME

PART 9

☐ NOTAPPLICABLE

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BLIND TRUSTS

PART 10A

☐ NOTAPPLICABLE

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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.

AMERICAN OVERSIGHT

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

☐ NOTAPPLICABLE

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	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
		☐ 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
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

☐ NOTAPPLICABLE

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 ☐ (Check If Filer's Home Address)	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	DESCRIPTION	CATEGORY
		☐ LESS THAN $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
		☐ 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
		☐ 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 12

☐ NOTAPPLICABLE

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	University of St. Thomas -- Houston
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Alzheimer's Association -- Capitol of Texas Chapter
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	My Healing Place
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	National Center for Missing and Exploited Children/Texas
POSITION HELD	Texas Regional Advisory Board
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Holy Trinity Seminary -- Dallas
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Diocesan School Advisory Board -- Diocese of Austin
2 POSITION HELD	Board member
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

☐ NOTAPPLICABLE

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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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, 2011, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

KATHERINE TAYLOR
Notary Public, State of Texas
My Commission Expires
May 05, 2015

Sworn to and subscribed before me, by the said Greg Abbott, this the 25th day of June, 20 12, to certify which, witness my hand and seal of office.

Katherine Taylor — Signature of officer administering oath

Katherine Taylor — Print name of officer administering oath

Notary Public — Title of officer administering oath

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2013 covering calendar year ending December 31, 2012.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

NAME	TITLE; FIRST; MI: Greg W. NICKNAME; LAST; SUFFIX: Abbott
ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 308 Austin, Texas 78767 ☐ (CHECK IF FILER'S HOME ADDRESS)
TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION: [redacted]

OFFICE USE ONLY

Date Received
HAND DELIVERED
RECEIVED
JUN 28 2013
Texas Ethics Commission

Receipt # HD PM 6-28-13 Amount

Date Processed PROCESSED JUN 28 2013

Date Imaged

REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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)

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

SPOUSE Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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 (see instructions).

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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

R: 576477

AMERICAN OVERSIGHT

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) Harden Healthcare 1703 W. 5th Street, Suite 700 Austin, Texas 78703
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Community Relations
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address)
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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PERSONAL FINANCIAL STATEMENT

COVER SHEET PAGE 2

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
- [x] N/A Part 1B - Retainers
- [ ] N/A Part 2 - Stock
- [x] 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
- [x] N/A Part 7B - Interests in Business Entities
- [ ] N/A Part 8 - Gifts
- [x] N/A Part 9 - Trust Income
- [x] N/A Part 10A - Blind Trusts
- [x] N/A Part 10B - Trustee Statement
- [x] N/A Part 11A - Assets of Business Associations
- [x] 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
- [x] N/A Part 14 - Interest in Business in Common with Lobbyist
- [x] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [x] N/A Part 16 - Representation by Legislator Before State Agency
- [x] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [x] N/A Part 18 - Legislative Continuances

AMERICAN OVERSIGHT

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	SPDR S&P 500 ETF (NAME)	
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☑ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	PIMCO Enhanced Short Maturity ETF (NAME)	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	ProShares UltraShort Lehman 20+ Year Treasury (ETF) (NAME)	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	E-Commerce China Dangdang Inc. (NAME)	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	Disney (NAME)	
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE ☑ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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: AMERICAN BEACON RET INCOME & APPREC
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: AMERICAN CEN INFLA PROTECTION BD
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: FIDELITY FLOATING RATE HIGH INCOME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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: INTREPID CAPITAL FUND
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: RAINIER INTERMEDIATE FIXED INCOME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: FIRST EAGLE GLOBAL
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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: FPA CRESCENT
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: MERGER FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: OAKMARK EQUITY & INCOME FD
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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: FAIRHOLME FUND
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME: SSGA EMERGING MARKETS
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME: T ROWE PRICE CAP APPRECIATION
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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 WEITZ SHORT INTERMED INCOME FUND
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME JAMES BALANCED GOLDEN RAINBOW FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME PERMANENT PORTFOLIO
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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: PIMCO COMMODITY REAL RETURN
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME: FIDELITY MUNICIPAL MONEY MARKET
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME: WASATCH EMERGING MARKETS SMALL CAP FD
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 $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 West Services, Inc. 610 Opperman Dr. P.O. Box 64779 St. Paul, Minn. 55164
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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 $1,000* 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	Greater Texas Federal Credit Union
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Plains Capital Bank
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage--Austin, Texas
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 $1,000* 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	Monarch by Windsor Residential -- Austin
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mercedes Benz Financial
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	[redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Plains Capital Bank
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 $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 Lauree and Jim Bob Moffett 7849 Escala Dr. Austin Tx 78735
2 RECIPIENT	☑ FILER ☑ SPOUSE ☑ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Food and tickets for football game with the Moffetts
DONOR	NAME AND ADDRESS Lauree Moffett 7849 Escala Dr. Austin, Tx 78735
RECIPIENT	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	dress and purse
DONOR	NAME AND ADDRESS Caren and Ed Burbach 3 Beecher Austin, Texas 78746
RECIPIENT	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	Food, lodging and transportation on summer trip with family

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 $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 Jonathan and Kirsten Coon 1201 Barton Creek Blvd Austin, Texas 78735
2 RECIPIENT	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Food, travel and lodging on spring break trip with family
DONOR	NAME AND ADDRESS John Byrum 3144 Stratford Austin, Texas 78746
RECIPIENT	☑ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	hunting trip
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

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	University of St. Thomas -- Houston
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Alzheimer's Association -- Capitol of Texas Chapter
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	My Healing Place
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	National Center for Missing and Exploited Children/Texas
POSITION HELD	Texas Regional Advisory Board
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Holy Trinity Seminary -- Dallas
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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	Huston-Tillotson University
2 POSITION HELD	Board of Trustees
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Diocesean School Advosory Board -- Diocese of Austin
POSITION HELD	Board Member
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Darrell K Royal Research Fund for Alzheimer's Disease
POSITION HELD	Board of Advisors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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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 Rickperry.org, Inc. 228 S. Washington Street, Suite 115 Alexandria, Virginia 22314
2 AMOUNT	Transporataion and Lodging: $1,303.36
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

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AMERICAN OVERSIGHT
TX-TEC-21-0338-A-000545

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, 2012, 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

MARICRUZ MOLINA
Notary Public, State of Texas
My Commission Expires
February 16, 2016

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 28th day of June, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Maricruz Molina	Notary Public

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2014 covering calendar year ending December 31, 2013.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

OFFICE USE ONLY

Date Received
HAND DELIVERED
RECEIVED
JAN 21 2014 MX
Texas Ethics Commission

Receipt #

HD/ PM 1-21-14 | Amount

Date Processed PROCESSED JAN 21 2014

Date Imaged

NAME

TITLE; FIRST; MI
Greg W.

NICKNAME; LAST; SUFFIX
Abbott

ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 308
Austin, Texas 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

REASON FOR FILING STATEMENT

- ☑ CANDIDATE Governor (INDICATE OFFICE)
- ☑ ELECTED OFFICER Attorney General (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)

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

SPOUSE Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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 (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

15

R: 600760

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

COVER SHEET PAGE 2

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

6 PARTS NOT APPLICABLE TO FILER

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

AMERICAN OVERSIGHT

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) Office of Attorney General P.O. Box 12548 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney General
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) Harden Healthcare 1703 W. 5th Street, Suite 700 Austin, Texas 78711
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Community Relations
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address)
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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: E Commerce Dangdang	
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: ProShares UltraShort Lehman 20+ Year Treasury	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: GUGGENHEIM BULLETSHARES 2015 CORPORATE BOND	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: ISHARES TRUST FLOATING RATE BD ETF	
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME: Disney	
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE ☑ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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: FAIRHOLME FUND
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: JAMES BALANCED: GOLDEN RAINBOW FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: PERMANENT PORTFOLIO
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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: PIMCO COMMODITY REAL RETURN
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: WASATCH EMERGING MARKETS SMALL CAP FD
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: FIDELITY FLOATING RATE HIGH INCOME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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: CALVERT SHORT DURATION
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: MERGER FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: THOMPSON BOND FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

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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 USAA SHORT TERM BOND
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME FIDELITY MUNICIPAL MONEY MARKET
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 $1,000* 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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Plains Capital Bank
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Greater Texas Federal Credit Union
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 $1,000* 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	Mercedes Benz Financial
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	[redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Plains Capital Bank
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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 $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 Marvin Rush 555 IH 35-South, Suite 500 New Braunfels, Texas 78130
2 RECIPIENT	☑ FILER ☐ SPOUSE ☑ DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	Transportation and lodging for a hunting trip with Marvin Rush.
DONOR	NAME AND ADDRESS Blake Byram 5905 Bold Ruler Way Austin, Texas 78746
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
DESCRIPTION OF GIFT	Walther .380 pistol
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Alzheimer's Association -- Capitol of Texas Chapter
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Darrell K Royal Research Fund for Alzheimer's Disease
POSITION HELD	Board of Advisors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	My Healing Place
POSITION HELD	Advisory Council
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	National Center for Missing and Exploited Children
POSITION HELD	Texas Regional Advisory Board
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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	Holy Trinity Seminary -- Dallas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Diocesan School Advisory Board -- Diocese of Austin
POSITION HELD	Board Member
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Huston-Tillotson University Board of Trustees
POSITION HELD	Member
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board Member
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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, 2013, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Greg Abbott

Signature of Filer

MARICRUZ MOLINA
Notary Public, State of Texas
My Commission Expires
February 16, 2016

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 21st day of January, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Maricruz Molina	Notary Public

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2015 covering calendar year ending December 31, 2014.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 19652

OFFICE USE ONLY
Date Received
HAND DELIVERED
RECEIVED
JUN 29 2015
Texas Ethics Commission
Receipt #
(HD) / PM 6/29 Amount
PROCESSED JUN 29 2015
Date Imaged

NAME	TITLE; FIRST; MI: Greg W. NICKNAME; LAST; SUFFIX: Abbott
ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 308, Austin, Texas 78767 ☐ (CHECK IF FILER'S HOME ADDRESS)
TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION: [redacted]

REASON FOR FILING STATEMENT

- ☑ CANDIDATE Governor (INDICATE OFFICE)
- ☑ ELECTED OFFICER Governor (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)

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

SPOUSE Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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 (see instructions).

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15

R: 659723

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

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

6 PARTS NOT APPLICABLE TO FILER

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

AMERICAN OVERSIGHT

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

☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

Office of Attorney General
P.O. Box 12548
Austin, Texas 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Attorney General

INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

Camp Waldemar
1005 FM 1340
Hunt, TX 78024

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Camp Counselor

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AMERICAN OVERSIGHT

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	E Commerce Dang Dang
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS		☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	ISHARES TRUST FLOATING RATE BD ETF
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS		☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	PROSHARES ULTRASHORT 20+ YR TREAS NEW
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	GUGGENHEIM BULLETSHARES 2015 CORPORATE BOND (BSCF)
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS		☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	ProShares UltraShort S&P500 (ETF)
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS		☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	ProShares Ultra S&P500 (ETF)
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	PIMCO ETF TR ENHANCED SHORT MATURITY ETF
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Disney
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD _____	
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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AMERICAN OVERSIGHT

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: FIDELITY FLOATING RATE HIGH INCOME
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: CALVERT SHORT DURATION INCOME FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: JAMES BALANCED: GOLDEN RAINBOW FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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: MERGER FUND
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: THOMPSON BOND FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME: USAA SHORT TERM BOND FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 FIDELITY MUNICIPAL MONEY MARKET
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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 $1,000* 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	Wells Fargo Financial Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Plains Capital Bank
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chrysler Capital
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

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AMERICAN OVERSIGHT

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 $1,000* 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	Public Storage
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	[redacted]
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Plains Capital Bank
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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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 $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 SWBC 9311 San Pedro Avenue Suite 600 San Antonio, Texas 78216
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	1 ticket to San Antonio Spurs game
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Alzheimer's Association -- Capitol of Texas Chapter
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Darrell K Royal Research Fund for Alzheimer's Disease
POSITION HELD	Board of Advisors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	My Healing Place
POSITION HELD	Advisory Council
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Holy Trinity Seminary -- Dallas
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

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	Huston-Tillotson University Board of Trustees
2 POSITION HELD	Member
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Diocesan School Advisory Board -- Diocese of Austin
POSITION HELD	Board Member
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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, 2014 and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Greg Abbott

Signature of Filer

ELIZABETH T EDWARDS
NOTARY PUBLIC
State of Texas
Comm. Exp. 03-12-2019
NOTARY WITHOUT BOND

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gov. Greg Abbott, this the 29 day of June, 20 15, to certify which, witness my hand and seal of office.

Elizabeth Edwards	ELIZABETH EDWARDS	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2016, covering calendar year ending December 31, 2015.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE # 19

ACCOUNT # 00019652

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
06/20/2016

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
The Honorable Greg

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
Post Office Box 308

Austin, TX 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILIING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☒ ELECTED OFFICER Governor (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 Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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 (see instructions).

AMERICAN OVERSIGHT

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

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

2 EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Office of the Attorney General

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

P.O. Box 12548

Austin, TX 78711-2548

POSITION HELD

Attorney General

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Office of the Governor

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

P.O. Box 12428

Austin, TX 78711-2428

POSITION HELD

Governor

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Camp Waldemar

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

1005 FM 1340

Hunt, TX 78024

POSITION HELD

Camp Counselor

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

AMERICAN OVERSIGHT

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 PIMCO ENHANCED SHORT MATURITY ETF
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME PROSHARES TRUST ULTRASHORT S&P 500 ETF
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME PROSHARES ULTRASHORT LEHMAN 20+ YEAR TRESURY ETF
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME VANGUARD SHORT-TERM BOND ETF
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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: ISHARES CORE S&P 500 ETF
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: ISHARES CORE U.S. AGGREGATE BOND ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: VANGUARD SHORT-TERM CORPORATE BOND ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: DISNEY
	STOCK HELD OR ACQUIRED BY	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 AMG MANAGERS SHORT DURATION GOVERNMENT BOND
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [X] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FIDELITY MUNICIPAL INCOME FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME PIMCO STOCKPLUS SHORT FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [X] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME AMERICAN CENTURY ALTERNATIVES MARKET NEUTRAL VALUE FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 BLACKROCK 20/80 TARGET ALLOCATION FUND
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME DOUBLELINE TOTAL RETURN BOND FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME FIDELITY FLOATING RATE HIGH INCOME FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME FIDELITY LIMITED TERM BOND FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 FIDELITY MUNICIPAL MONEY MARKET FUND
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [X] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FIRST EAGLE GLOBAL FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FMI INTERNATIONAL FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME JAMES BALANCED GOLDEN RAINBOW FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 MATTHEWS ASIA DIVIDEND FUND
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME MERGER FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME METWEST UNCONSTRAINED BOND FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME NUVEEN REAL ASSET INCOME FUND
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 OPPENHEIMER ROCHESTER SHORT TERM MUNICIPAL FUND
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME PIMCO DIVIDEND & INCOME BUILDER FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FIDELITY SPARTAN TOTAL MARKET INDEX FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME TEMPLETON GLOBAL BOND FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 TEMPLETON GLOBAL TOTAL RETURN FUND
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME PIMCO INCOME FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME THORNBURG LIMITED TERM INCOME FUND
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $1,000 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	Wells Fargo Financial Bank
2 LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	NONE
4 AMOUNT	[X] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	PLAINS CAPITAL BANK
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chrysler Capital
LIABILITY OF	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	[X] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [X] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted]
3 DESCRIPTION [ ] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Travis
4 NAMES OF PERSONS RETAINING AN INTEREST [ ] NOT APPLICABLE (SEVERED MINERAL INTEREST)	Plains capital Bank
5 IF SOLD [X] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 Rush, Marvin (Mr.) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 555 IH 35 South Suite 500 New Braunfels, TX 78130
2 RECIPIENT	[X] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	Transportation, lodging, and hunting on hunting trip

AMERICAN OVERSIGHT

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	Abbott Blind Trust
2 TRUSTEE	NAME AND ADDRESS Austin Trust Company, Austin Trust Company ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 336 S. Congress Ave. Suite 100 Austin, TX 78704-1265
3 BENEFICIARY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
4 FAIR MARKET VALUE	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE
5 DATE CREATED	12/12/2014

AMERICAN OVERSIGHT

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	Abbott Blind Trust
2 TRUSTEE NAME	Austin Trust Company, Austin Trust Company
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME Abbott, Greg (The Honorable)

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.

AMERICAN OVERSIGHT
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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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

ORGANIZATION	Alzheimer's Association -- Capitol of Texas Chapter
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

ORGANIZATION	Darrell K Royal Research Fund for Alzheimer's Disease
POSITION HELD	Board of Advisors
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

ORGANIZATION	Holy Trinity Seminary -- Dallas
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

ORGANIZATION	Huston-Tillotson University Board of Trustees
POSITION HELD	Member
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

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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	Diocesan School Advisory Board--Diocese of Austin
2 POSITION HELD	Board Member
3 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

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

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as wells as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2015 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

AMERICAN OVERSIGHT

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	Abbott Blind Trust
2	TRUSTEE NAME	Austin Trust Company
3	FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	Gregory Wayne Abbott and Cecilia Phalen Abbott (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. Austin Trust Company, Trustee by: [signature] Trustee Signature Dan Pierce President

§ 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.

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2017, covering calendar year ending December 31, 2016.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE # 20

ACCOUNT # 00019652

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
06/29/2017

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
The Honorable Greg

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
Post Office Box 308

Austin, TX 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILIING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☒ ELECTED OFFICER Governor (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 Cecilia Abbott

DEPENDENT CHILD
1. [redacted]
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 (see instructions).

AMERICAN OVERSIGHT

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

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

2 EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Office of the Governor

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

P.O. Box 12428

Austin, TX 78711-2428

POSITION HELD

Governor

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Camp Waldemar

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

1005 FM 1340

Hunt, TX 78024

POSITION HELD

Camp Counselor

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

AMERICAN OVERSIGHT

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: iShares S&P 500 ETF
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: SPDR S&P 500 ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [X] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Emerging Markets ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares India ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	Disney
2 STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD	1
3 NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	iShares U.S. Aggregate Bond ETF
STOCK HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	iShares Corporate Bond ETF
STOCK HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	iShares 20 Year Bond ETF
STOCK HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☒ NET LOSS	☒ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

AMERICAN OVERSIGHT

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: iShares High Yield ETF
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Ultra Short 20 Year Treasury ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Gold Trust
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: Powershares DB Commodity Index
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

STOCK

PART 2

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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: iShares S&P Total U.S. Stock Market ETF
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Minimum Volatility Emerging Market ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Minimum Volatility U.S. ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares S&P 500 Growth ETF
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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: iShares EAFE ETF
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME: Vanguard Short Term Corporate Bond
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME: Charles Schwab U.S. Mid Cap ETF
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME: Charles Schwab U.S. Large Cap ETF
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 ACVVX
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BACPX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FJRLX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FSTMX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 MWCRX
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME NRICX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME ORSTX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME PQIDX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 THIFX
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FTEXX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [X] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME SPAXX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [X] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FMIJX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 FESGX
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME GLRBX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME MAPIX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME MERFX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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: FFRHX
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME: BMSAX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME: DLTNX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME: EALTX
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 PONDX
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME TPINX
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME TGTRX
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME PARWX
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 POGSX
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME FOSCX
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME WAINX
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $1,000 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	Chrysler Capital
2 LIABILITY OF	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	NONE
4 AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	[X] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	University Gateway
LIABILITY OF	[X] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	NONE
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 Broken But Unbowed Irrevocable Trust ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 409 S. Carancahua Corpus Christi, TX 78401
2 RECIPIENT	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Book tour

DONOR	NAME AND ADDRESS Cook IV, Dan ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 332 Walnut Dr Nashville, TN 37205
RECIPIENT	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 1
DESCRIPTION OF GIFT	Lodging and food

DONOR	NAME AND ADDRESS Burbach, Caren and Edward ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3 Beecher Ln Austin, TX 78746
RECIPIENT	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 1
DESCRIPTION OF GIFT	Food

AMERICAN OVERSIGHT

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 $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 Stover, Robert ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6010 Burgoyne Rd Houston, TX 77057
2 RECIPIENT	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Gift from tailor

DONOR	NAME AND ADDRESS Burbach, Caren ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3 Beecher Ln Austin, TX 78746
RECIPIENT	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	Golf tournament ticket

AMERICAN OVERSIGHT

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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Huston-Tillotson University Board of Trustees
POSITION HELD	Member
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Cathedral School of St. Mary's
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

AMERICAN OVERSIGHT
TX-TEC-21-0338-A-000614

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

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

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as wells as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2016 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2018, covering calendar year ending December 31, 2017.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE # 23

ACCOUNT # 00019652

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
02/12/2018

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
The Honorable Greg

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
Post Office Box 308

Austin, TX 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILIING STATEMENT

- ☒ CANDIDATE Governor (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 Cecilia Abbott

DEPENDENT CHILD
1. [redacted]
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 (see instructions).

AMERICAN OVERSIGHT

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

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

2 EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Office of the Governor

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

P.O. Box 12428

Austin, TX 78711-2428

POSITION HELD

Governor

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Broadcast Music Inc.

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

8730 Sunset Blvd.

West Hollywood, CA 90069

POSITION HELD

Assistant

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

AMERICAN OVERSIGHT

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: iShares Core S&P 500 ETF (IVV)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares India 50 ETF (INDY)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Core MSCI Emerging Markets ETF (IEMG)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: SPDR S&P 500 ETF (SPY)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 iShares Core US Aggregate Bond ETF (AGG)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares iBoxx $ Invmt Grade Corp Bd ETF (LQD)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares 20+ Year Treasury Bond ETF (TLT)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares iBoxx $ High Yield Corp Bd ETF (HYG)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 iPath Bloomberg Copper SubTR ETN (JJC)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iPath Bloomberg Coffee SubTR ETN (JO)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares Gold Trust (IAU)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME ProShares UltraShort 20+ Year Treasury (TBT)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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: ProShares UltraShort S&P500 (SDS)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [X] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: PowerShares QQQ ETF (QQQ)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Russell 2000 ETF (IWM)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: SPDR Dow Jones Industrial Average ETF (DIA)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 PowerShares DB Commodity Tracking ETF (DBC)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME The Walt Disney Company (DIS)
	STOCK HELD OR ACQUIRED BY	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	United States Treasury Notes
2	HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	DESCRIPTION OF INSTRUMENT	U.S. Treasury Zero Coupon Notes
	HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Fidelity Government Money Market (SPAXX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [X] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FMI International (FMIJX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Matthews Asia Dividend Investor (MAPIX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Fidelity Floating Rate High Income (FFRHX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 BlackRock Credit Strategies Income Inv A (BMSAX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME DoubleLine Total Return Bond N (DLTNX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Eaton Vance TABS 5 to15 Yr Lad Muni Bd A (EALTX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME PIMCO Income D (PONDX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Templeton Global Bond A (TPINX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Templeton Global Total Return A (TGTRX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME James Balanced: Golden Rainbow R (GLRBX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME First Eagle Global C (FESGX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Schwab US Mid-Cap ETF (SCHM)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Schwab US Large-Cap ETF (SCHX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Performance Trust Strategic Bond (PTIAX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Virtus Seix Floating Rate High Inc I (SAMBX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 American Funds New Perspective F1 (NPFFX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME DoubleLine Shiller Enhanced CAPE N (DSENX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Matthews Emerging Asia Investor (MEASX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Parnassus Endeavor Investor (PARWX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 PIMCO StocksPLUS Intl (USD-Hedged) D (PIPDX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Pin Oak Equity (POGSX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Schwab S&P 500 Index (SWPPX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Tributary Small Company Instl (FOSCX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Wasatch Emerging India Investor (WAINX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Vanguard Wellington Admiral (VWENX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Vanguard Institutional Index Instl Pl (VIIIX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Lord Abbett Small Cap Value I (LRSYX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 BlackRock LifePath Index 2030 Fund F
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BlackRock LifePath Index 2035 Fund F
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BlackRock Short Term Investment W
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [X] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BlackRock LifePath Index 2020 Fund F
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Merger Investor (MERFX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 ☐ Publicly held corporation	NAME AND ADDRESS U.S. Treasury Notes ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 770001 Cincinnati, OH 45277-0002
2 RECEIVED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☒ $500 - $4,999 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

AMERICAN OVERSIGHT

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 $1,000 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	Chrysler Capital
2 LIABILITY OF	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	NONE
4 AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	[X] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	University Gateway Apartments
LIABILITY OF	[X] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	NONE
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 Burbach, Caren and Edward ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3 Beecher Ln Austin, TX 78746
2 RECIPIENT	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	Food

DONOR	NAME AND ADDRESS Texas Economic Development Corporation ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 684702 Austin, TX 78768
RECIPIENT	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD
DESCRIPTION OF GIFT	Football Game Ticket

AMERICAN OVERSIGHT

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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Huston-Tillotson University Board of Trustees
POSITION HELD	Member
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Cathedral School of St. Mary's
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

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
- [X] 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
- [X] N/A Part 7A - Interests in Real Property
- [X] N/A Part 7B - Interests in Business Entities
- [ ] N/A Part 8 - Gifts
- [X] N/A Part 9 - Trust Income
- [X] N/A Part 10A - Blind Trusts
- [X] N/A Part 10B - Trustee Statement
- [X] N/A Part 11A - Assets of Business Associations
- [X] N/A Part 11B - Liabilities of Business Associations
- [ ] N/A Part 12 - Boards and Executive Positions
- [X] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [X] N/A Part 14 - Interest in Business in Common with Lobbyist
- [X] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [X] N/A Part 16 - Representation by Legislator Before State Agency
- [X] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [X] N/A Part 18 - Legislative Continuances

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as wells as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2017 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE # 24

ACCOUNT # 00019652

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
06/27/2019

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
The Honorable Greg

NICKNAME; LAST; SUFFIX
Abbott

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
Post Office Box 308

Austin, TX 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
[redacted]

4 REASON FOR FILIING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☒ ELECTED OFFICER Governor (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 Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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 (see instructions).

AMERICAN OVERSIGHT

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

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

2 EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Office of the Governor

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

P.O. Box 12428

Austin, TX 78711-2428

POSITION HELD

Governor

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

William Morris Endeavor

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

9601 Wilshire Blvd.

Beverly Hills, CA 90210

POSITION HELD

Internship

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

AMERICAN OVERSIGHT

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: iShares Core S&P ETF (IVV)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares 20+ Year Treasury Bond ETF (TLT)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: ProShares Short VIX Short Term (SVXY)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: U.S. Copper Index Fund (CPER)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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: Schwab U.S. Large-Cap ETF (SCHX)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iPath Bloomberg Copper SubTR ETN (JJC)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: Global X Copper Miners ETF (COPX)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iPath A Series B Bloomberg Coffee SubTR ETN (JO)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	Teucrium Wheat Fund ETV (WEAT)
2 STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
3 NUMBER OF SHARES	[ ] LESS THAN 100	[X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
4 IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME	SPDR S&P 500 ETF (SPY)
STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[ ] LESS THAN 100	[X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME	iShares Silver Trust (SLV)
STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[ ] LESS THAN 100	[X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME	ProShares UltraShort S&P 500 (SDS)
STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[ ] LESS THAN 100	[X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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: PowerShares QQQ Trust, Series 1 (QQQ)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares IBoxx $ Invmt Grade Corp Bd ETF (LQD)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iPath Bloomberg Coffee Total Return SM Index ETN (JJOFF)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iPath Bloomberg Copper SubTR ETN (JJCTF)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

STOCK

PART 2

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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.

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1	BUSINESS ENTITY	NAME iShares India 50 ETF (INDY)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares Core MSCI Emerging Markets ETF (IEMG)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares Gold Trust (IAU)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares iBoxx $ High Yield Corp Bond ETF (HYG)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

STOCK

PART 2

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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: SPDR Dow Jones Industrial Average ETF (DIA)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Core U.S. Aggregate Bond ETF (AGG)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: The Walt Disney Company (DIS)
	STOCK HELD OR ACQUIRED BY	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: ProShares Ultra S&P 500 (SSO)
	STOCK HELD OR ACQUIRED BY	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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: iPathA Series B Bloomberg Sugar (SGG)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Edge MSCI USA Momentum Factor ETF (MTUM)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: SPDR Gold Trust (GLD)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: Teucrium Corn Fund ETV (CORN)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 Teucrium Soybean Fund ETV (SOYB)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	U.S. Treasury Notes
2	HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	DESCRIPTION OF INSTRUMENT	U.S. Treasury Zero Coupon Notes
	HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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	Fidelity Government Money Market (SPAXX)
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100	[ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [X] 10,000 OR MORE
4 IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME	American Funds New Perspective F1 (NPFFX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100	[ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME	DoubleLine Shiller Enhanced CAPE N (DSENX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [X] DEPENDENT CHILD 1
NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100	[ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME	FMI International (FMIJX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100	[X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Wasatch Emerging India Investor (WAINX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME PIMCO Income D (PONAX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Matthews Asia Dividend Investor (MAPIX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Matthews Emerging Asia Investor (MEASX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

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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 nformation, 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 Fidelity Floating Rate High Income (FFRHX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME Eaton Vance TABS 5 to 15 Yr Lad Muni Bd A (EALTX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME DoubleLine Total Return Bond N (DLTNX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

MUTUAL FUND	NAME BlackRock Credit Strategies Income Inv A (BMSAX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

MUTUAL FUNDS

PART 4

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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 nformation, 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 Fidelity Municipal Money Market (FTEXX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1
3	NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
4	IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Schwab S&P 500 Index (SWPPX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Parnassus Endeavor Investor (PARWX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
IF SOLD ☒ NET GAIN ☐ NET LOSS	☒ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Performance Trust Strategic Bond (PTIAX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☒ NET LOSS	☒ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 PGIM Floating Rate Income Z (FRFZX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME PIMCO StocksPLUS Intl (PIPAX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Pin Oak Equity (POGSX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Tributary Small Company Instl (FOSCX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Virtus Seix Floating Rate High Inc (SAMBX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Vanguard Wellington Admiral (VWENX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Vanguard Institutional Index Instl Pl (VIIIX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Lord Abbett Small Cap Value I (LRSYX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 BlackRock LifePath Index 2030 Fund F
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BlackRock LifePath Index 2035 Fund F
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BlackRock Short Term Investment W
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [X] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BlackRock LifePath Index 2020 Fund F
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 ☐ Publicly held corporation	NAME AND ADDRESS U.S. Treasury Notes ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 770001 Cincinnati, OH 45277-0002
2 RECEIVED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☒ $500 - $4,999 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

AMERICAN OVERSIGHT

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 $1,000 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	Chrysler Capital
2 LIABILITY OF	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	NONE
4 AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	[X] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	University Gateway Apartments
LIABILITY OF	[X] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	NONE
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	The Shrine Collection
LIABILITY OF	[X] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	NONE
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 Burbach, Caren and Edward ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3 Beecher Ln Austin, TX 78746
2 RECIPIENT	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	Food and entertainment

DONOR	NAME AND ADDRESS Dewhurst, David ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 109 N. Post Oak Lane #540 Houston, TX 77024
RECIPIENT	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD
DESCRIPTION OF GIFT	Food and lodging

DONOR	NAME AND ADDRESS Iger, Robert ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 South Buena Vista St. Burbank, CA 91521-0931
RECIPIENT	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
DESCRIPTION OF GIFT	Transportation

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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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Huston-Tillotson University Board of Trustees
POSITION HELD	Member
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Cathedral School of St. Mary's
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

AMERICAN OVERSIGHT
TX-TEC-21-0338-A-000661

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

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
- [X] 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
- [X] N/A Part 7A - Interests in Real Property
- [X] N/A Part 7B - Interests in Business Entities
- [ ] N/A Part 8 - Gifts
- [X] N/A Part 9 - Trust Income
- [X] N/A Part 10A - Blind Trusts
- [X] N/A Part 10B - Trustee Statement
- [X] N/A Part 11A - Business Associations
- [X] N/A Part 11B - Assets of Business Associations
- [X] N/A Part 11C - Liabilities of Business Associations
- [ ] N/A Part 12 - Boards and Executive Positions
- [X] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [X] N/A Part 14 - Interest in Business in Common with Lobbyist
- [X] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [X] N/A Part 16 - Representation by Legislator Before State Agency
- [X] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [X] N/A Part 18 - Legislative Continuances
- [X] N/A Part 19 - Contracts with Governmental Entity
- [X] N/A Part 20 - Bond Counsel Services Provided by a Legislator

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PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as wells as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2020, covering calendar year ending December 31, 2019.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE # 20

ACCOUNT # 00019652

1 NAME

TITLE; FIRST; MI: The Honorable Greg

NICKNAME; LAST; SUFFIX: Abbott

2 ADDRESS

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

Post Office Box 308

Austin, TX 78767

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION [redacted]

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 07/28/2020

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

4 REASON FOR FILIING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☒ ELECTED OFFICER Governor (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 Cecilia Abbott

DEPENDENT CHILD 1. [redacted]

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 (see instructions).

AMERICAN OVERSIGHT
TX-TEC-21-0338-A-000654

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

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

2 EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Office of the Governor

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

P.O. Box 12428

Austin, TX 78711-2428

POSITION HELD

Governor

[ ] SELF-EMPLOYED

NATURE OF OCCUPATION

AMERICAN OVERSIGHT

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: iShares Core S&P 500 ETF (IVV)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares 20+ Year Treasury Bond ETF (TLT)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: ProShares Short VIX Short Term Futures (SVXY)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: U.S. Copper Index Fund (CPER)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 Schwab U.S. Large-Cap ETF (SCHX)
2 STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3 NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME iPath Series B Bloomberg Copper Subindex Total Return ETN (JJC)
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME Global X Copper Miners ETF (COPX)
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME iPath Series B Bloomberg Coffee Subindex Total Return ETN (JO)
STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	Teucrium Wheat Fund (WEAT)
2 STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
3 NUMBER OF SHARES	[ ] LESS THAN 100	[X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
4 IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME	SPDR S&P 500 ETF Trust (SPY)
STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100	[ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME	iShares Silver Trust (SLV)
STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100	[ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME	Invesco QQQ Trust, Series 1 (QQQ)
STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100	[ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999
	[ ] LESS THAN 10K	[ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [X] NET LOSS	[X] LESS THAN $5,000	[ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 iShares India 50 ETF (INDY)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares Core MSCI Emerging Markets ETF (IEMG)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares Gold Trust (IAU)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME iShares Core U.S. Aggregate Bond ETF (AGG)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	The Walt Disney Company (DIS)
2 STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	iShares MSCI Indonesia ETF (EIDO)
STOCK HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	JPMorgan Ultra Short Income (JPST)
STOCK HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

BUSINESS ENTITY	NAME	SPDR Bloomberg Barclays 1-3 Month T-Bill ETF (BIL)
STOCK HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD	
NUMBER OF SHARES	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE	

AMERICAN OVERSIGHT

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: SPDR Portfolio Long Term Treasury ETF (SPTL)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: Southern Copper Corp. (SCCO)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Edge MSCI Min Vol Global ETF (ACWV)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: Global X MSCI Argentina ETF (ARGT)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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: iShares Core Total USD Bond Market ETF (IUSB)
2	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Emerging Markets Corporate Bond ETF (CEMB)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares J.P.Morgan USD Emerging Markets Bond ETF (EMB)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	BUSINESS ENTITY	NAME: iShares Edge MSCI Min Vol USA ETF (USMV)
	STOCK HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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	U.S. Treasury Notes
2	HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	DESCRIPTION OF INSTRUMENT	U.S. Treasury Zero Coupon Notes
	HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	IF SOLD [X] NET GAIN [ ] NET LOSS	[X] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Fidelity Government Money Market (SPAXX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [X] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME American Funds New Perspective Fund F1 (NPFFX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME DoubleLine Shiller Enhanced CAPE N (DSENX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME FMI International Fund (FMIJX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 Wasatch Emerging India Investor Fund (WAINX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [X] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Fidelity Municipal Money Market Fund (FTEXX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Schwab S&P 500 Index (SWPPX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME Schwab S&P 500 Index (SWPPX)
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 DoubleLine Shiller Enhanced CAPE N (DSENX)
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1
3	NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
4	IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Fidelity Government Money Market (SPAXX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Vanguard Wellington Admiral (VWENX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME Vanguard Institutional Index Fund Inst. Plus (VIIIX)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

AMERICAN OVERSIGHT

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 nformation, 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 BlackRock Short Term Investment W
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [X] 5,000 to 9,999 [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

	MUTUAL FUND	NAME BlackRock LifePath Index 2020 Fund F
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES OF MUTUAL FUND	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 ☐ Publicly held corporation	NAME AND ADDRESS U.S. Treasury Notes ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 770001 Cincinnati, OH 45277-0002
2 RECEIVED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☒ $500 - $4,999 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

SOURCE OF INCOME ☐ Publicly held corporation	NAME AND ADDRESS U.S. Treasury Bills Zero Coupon ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 770001 Cincinnati, OH 45277-0002
RECEIVED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☒ $500 - $4,999 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

AMERICAN OVERSIGHT

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 $1,000 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	Chrysler Capital
2 LIABILITY OF	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	NONE
4 AMOUNT	[ ] $1,000 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Public Storage
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	[X] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	The Shrine Collection
LIABILITY OF	[X] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	NONE
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

AMERICAN OVERSIGHT

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 $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 Burbach, Caren and Edward ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3 Beecher Ln Austin, TX 78746
2 RECIPIENT	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 1
3 DESCRIPTION OF GIFT	Food and entertainment

DONOR	NAME AND ADDRESS Moffett, James "Jim Bob" and Lauree ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5201 Tortuga Trail Austin, TX 78731
RECIPIENT	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD
DESCRIPTION OF GIFT	Transportation

AMERICAN OVERSIGHT

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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Huston-Tillotson University Board of Trustees
POSITION HELD	Member
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board of Directors
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Cathedral School of St. Mary's
POSITION HELD	Advisory Board
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

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
- [X] 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
- [X] N/A Part 7A - Interests in Real Property
- [X] N/A Part 7B - Interests in Business Entities
- [ ] N/A Part 8 - Gifts
- [X] N/A Part 9 - Trust Income
- [X] N/A Part 10A - Blind Trusts
- [X] N/A Part 10B - Trustee Statement
- [X] N/A Part 11A - Business Associations
- [X] N/A Part 11B - Assets of Business Associations
- [X] N/A Part 11C - Liabilities of Business Associations
- [ ] N/A Part 12 - Boards and Executive Positions
- [X] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [X] N/A Part 14 - Interest in Business in Common with Lobbyist
- [X] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [X] N/A Part 16 - Representation by Legislator Before State Agency
- [X] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [X] N/A Part 18 - Legislative Continuances
- [X] N/A Part 19 - Contracts with Governmental Entity
- [X] N/A Part 20 - Bond Counsel Services Provided by a Legislator

AMERICAN OVERSIGHT

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as wells as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2019 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

AMERICAN OVERSIGHT

7-1

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070
Revised: 01/07/94
Form FFS

FINANCIAL STATEMENT

**Filed Pursuant to Chapter 572
Texas Government Code**

RECEIVED
1994
TEXAS ETHICS COMMISSION

For Calendar Year Ending December 31, 1993

CHECK ONE:

- ☐ **Candidate for (Office):** _____
- ☑ **Elected official (Office):** 129th State District Court
- ☐ **Appointed official (Agency):** _____
- ☐ **Executive head (Agency):** _____
- ☐ **Party Chair[1] (Party):** _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Gregory W. Abbott
(Full Name)

Address: [redacted]
(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas
129th State District Court
1019 Congress HOUSTON (City) Texas (State) 77002

Position Held: Judge

Even though my employer technically is the State of Texas, Harris County provides an income supplement

Name and Address of Employer: _____
(City) (State)

Position Held: _____

If Self-employed:
Name and Address of Business: _____
(City) (State)

Nature of Occupation: _____

[1] Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.

AMERICAN OVERSIGHT
TX-TEC-21-0338-A-000684

This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia P. Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Anne's Catholic Community
2120 Westheimer Houston TX
(City) (State)

Position Held: Business office clerk

If Self-employed:
Name and Address of Business: _____
(City) (State)

Nature of Occupation: _____

DEPENDENT CHILD 1: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

DEPENDENT CHILD 2: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

AMERICAN OVERSIGHT

DEPENDENT CHILD 3: _____

(Full Name)

Address: _____

_____

(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____

_____

(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D-- $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
NONE		

[2] An individual has a "substantial interest" in a business entity if the individual:

(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part II. Stock

Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A–less than 100, Category B–100 to 499, Category C–500 to 999, Category D–1,000 to 4,999, Category E–5,000 to 9,999, Category F–10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain	Net Loss	Category
Compaq Computer	Greg Abbott	B	✓		A
Microsoft	Greg Abbott	B		✓	A
Walmart	Greg Abbott	B		✓	A

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain	Net Loss	Category
none				

[3] Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$500.01 to $4,999.99; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
none			

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$1,000.01 to $4,999.99; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
Bank One	Greg + Cecilia Abbott		D
Bluebonnet Savings Bank	Greg + Cecilia Abbott		D
First Interstate Bank of Texas	Greg Abbott		B
Mercedes Benz	Greg Abbott		C
Valley National Finance	Greg Abbott		C
Panhandle Plains Finance	Greg Abbott		A
Bank America	Greg Abbott		D

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5000; CATEGORY B–$5,000.00 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Greg Abbott and Cecilia Abbott			D

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
none				

[4] A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift | Brief Description of Gift | Received by

none

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name) | Beneficiary | Category | Assets, if known

none

[5] Examples of relatives within the second degree of consanguinity are as follows:

(1) First degree: parent, child;
(2) Second degree: brother, sister, grandparent, grandchild;

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:

(1) First degree: spouse, spouse's parent, son-in-law, daughter-in law;
(2) Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
none			

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
Goodwill Industries	Board of Trustees	Greg Abbott
The Institute for Rehabilitation & Research Foundation	Board of Directors	Greg Abbott
Fun Raisers	Board of Directors	Cecilia Abbott

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
The State of Texas	unknown	Second Judicial District
Houston Bar Association	unknown	Greg Abbott

The State of Texas / Second Judicial District provided lodging to Greg Abbott for a judicial conference in Austin. The amount is unknown.

The Houston Bar Association provided meals + lodging for a Bench/Bar conference. This was provided to Greg ABBOTT. The exact amount is unknown but it should have exceeded $100 but be less than $500.

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

AMERICAN OVERSIGHT

Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	Category of the Amount of each Fee
none	

AMERICAN OVERSIGHT

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

AMERICAN OVERSIGHT

Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address _____ Amount _____

— none

[7] A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

AMERICAN OVERSIGHT

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, **this the** 1st **day of** July **19**94, **to certify which, witness my hand and seal of office.**

Mary Ruth Black

Signature of officer administering oath[5]

MARY RUTH BLACK
MY COMMISSION EXPIRES
July 2, 1997

Mary Ruth Black

Print name of officer administering oath

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

---

[5] **The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:**

a. **a judge, clerk, or commissioner of any court of record;**
b. **a notary public;**
c. **a justice of the peace; or**
d. **any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.**

AMERICAN OVERSIGHT

PROCESSED MAY 0 3 1995

RECEIVED
APR 03 1995
TEXAS ETHICS COMMISSION

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070
Revised: 01/07/94
Form FFS

FINANCIAL STATEMENT

Filed Pursuant to Chapter 572
Texas Government Code

For Calendar Year Ending December 31, 1994

CHECK ONE:

- ☐ Candidate for (Office): _____
- ☑ Elected official (Office): 129th State District Court
- ☐ Appointed official (Agency): _____
- ☐ Executive head (Agency): _____
- ☐ Party Chair[1] (Party): _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Greg Abbott
(Full Name)

Address: [redacted]
(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas
(City) (State)

Position Held: State District Judge

Name and Address of Employer: Harris County
(City) (State)

Position Held: State District Judge
Harris County provides supplemental income to State District Judges. I am not employed by the County but receive supplemental income from it

If Self-employed:
Name and Address of Business: Professional Educational Systems Inc.
200 Spring Street
Eau Claire WI.
(City) (State)

Nature of Occupation: ~~presentation~~ payment for seminar

[1] Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.

AMERICAN OVERSIGHT

This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Anne's Catholic Church 3140 Westheimer
Houston Texas
(City) (State)

Position Held: Director of Development

If Self-employed:
Name and Address of Business:
(City) (State)

Nature of Occupation:

DEPENDENT CHILD 1: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

DEPENDENT CHILD 2: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

AMERICAN OVERSIGHT

DEPENDENT CHILD 3: N/A
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
none		

[2] An individual has a "substantial interest" in a business entity if the individual:
(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

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TX-TEC-21-0338-A-000699

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part II. Stock

Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A–less than 100, Category B–100 to 499, Category C–500 to 999, Category D–1,000 to 4,999, Category E–5,000 to 9,999, Category F–10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain or Net Loss and Category
none			

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain or Net Loss and Category
treasury bill	Filer	D

[3] **Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.**

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$500.01 to $4,999.99; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
Treasury Bond held at Fidelity Investments	Interest	Filer	A

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$1,000.01 to $4,999.99; CATEGORY B–$5,000.00 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
First Interstate Bank of Texas	Filer	none	C
Nations Bank	Filer	none	C
Bank One	Filer	none	D
Mercedes Benz	Filer	none	C
Bank of America	Filer	none	C
Bluebonnet Savings	Filer	none	D
Valley National Financial	Filer	none	C
Panhandle Plains Higher Education Authority	Filer	none	A

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5000; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Filer/spouse			D

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
	none			

[4] **A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.**

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift	Brief Description of Gift	Received by
none		

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name)	Beneficiary	Category	Assets, if known
none			

---

[5] **Examples of relatives within the second degree of consanguinity are as follows:**

(1) **First degree: parent, child;**
(2) **Second degree: brother, sister, grandparent, grandchild;**

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:

(1) **First degree: spouse, spouse's parent, son-in-law, daughter-in law;**
(2) **Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.**

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
	none		

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
The Institute for Rehabilitation and Research Foundation	Board of Directors	Filer
Goodwill Industries	Trustee	Filer
Justice for All	Board of Directors Vice President	filer

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PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
University of Houston School of Law	Approx. $200 (travel + lodging)	Filer
Harris County	Approx. $250	Filer

none other that can be recalled

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

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Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	Category of the Amount of each Fee
none	

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INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

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Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address _____ **Amount** _____

none that can be recalled.

---

[7] **A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.**

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

AMERICAN OVERSIGHT

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, **this the** 1st **day of** May **19**95, **to certify which, witness my hand and seal of office.**

Mary Ruth Black

Signature of officer administering oath[8]

Mary Ruth Black

Print name of officer administering oath

MARY RUTH BLACK
MY COMMISSION EXPIRES
July 2, 1997

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

---

[8] **The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:**

a. **a judge, clerk, or commissioner of any court of record;**
b. **a notary public;**
c. **a justice of the peace; or**
d. **any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.**

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RECEIVED

FEB 13 1996

Texas Ethics Commission

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070
Revised: 01/07/94
Form PFS

FINANCIAL STATEMENT

Filed Pursuant to Chapter 572
Texas Government Code

For Calendar Year Ending December 31, 1995

PROCESSED FEB 13 1996

CHECK ONE:

- ☐ Candidate for (Office): _____
- ☑ Elected official (Office): Justice, Texas Supreme Court
- ☐ Appointed official (Agency): _____
- ☐ Executive head (Agency): _____
- ☐ Party Chair[1] (Party): _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Gregory W. Abbott
(Full Name)

Address: [redacted]
(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas
(City) (State)

Position Held: Justice, Texas Supreme Court
for most of 1995, I was Judge of the 129th State District Court — my employer was (still the state of Texas

Name and Address of Employer: _____
(City) (State)

Position Held: _____

If Self-employed:
Name and Address of Business: _____
(City) (State)

Nature of Occupation: _____

[1] Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.

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This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia F. Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Anne's Catholic Community
Houston Texas
(City) (State)

Position Held: Director of Development
In June 1995, she took a new position listed below
[redacted]
Name and Address of Business: St. Christopher's Catholic School
Houston Texas
(City) (State)

Nature of Occupation: Principal

DEPENDENT CHILD 1: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

DEPENDENT CHILD 2: N/A
(Full Name)

Address:
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer:
(City) (State)

If Self-employed:
Nature of Occupation:

AMERICAN OVERSIGHT

DEPENDENT CHILD 3: N/A

(Full Name)

Address: _____

_____

(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____

_____

(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
None		

[2] An individual has a "substantial interest" in a business entity if the individual:

(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D– $25,000 or more.

Part II. Stock

Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A–less than 100, Category B–100 to 499, Category C–500 to 999, Category D–1,000 to 4,999, Category E–5,000 to 9,999, Category F–10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain or Net Loss and Category		
none					

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain or Net Loss and Category		
Money Market Funds	FILER			D

[3] Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$500.01 to $4,999.99; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
Fidelity Investments	Interest	Filer	A

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A–$1,000.01 to $4,999.99; CATEGORY B–$5,000.00 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
Bank One	Greg + Cecilia Abbott		D
First Interstate Bank of Texas	Greg Abbott		B
Mercedes Benz Credit Corp.	Greg Abbott		C
Valley National Finance	Greg Abbott		C
Bank America	Greg Abbott		C
Doubletree Guest Suites	Greg Abbott		B

AMERICAN OVERSIGHT

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Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Greg + Cecilia Abbott			D

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
none				

[4] **A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.**

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C–$10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift	Brief Description of Gift	Received by
none		

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name)	*Beneficiary*	Category	Assets, if known
none			

[5] Examples of relatives within the second degree of consanguinity are as follows:
(1) First degree: parent, child;
(2) Second degree: brother, sister, grandparent, grandchild;

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:
(1) First degree: spouse, spouse's parent, son-in-law, daughter-in law;
(2) Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
none			

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
The Institute for Rehabilitation + Research Foundation	Board of Directors	Filer
Goodwill Industries	Board of Trustees	Filer
Justice for All	Vice-President + Board of Directors	Filer

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
The Houston Bar Association provided meals and lodging for a Bench/Bar conference. This was provided to Greg Abbott. The exact amount is unknown, but it should have exceeded $100 but be less than $500.		
The State of Texas – Second Judicial District provided lodging to Greg Abbott for a judicial conference in San Antonio. The amount is unknown but less than $100		
The State of Texas – Second Judicial District and/or Harris County provided meals [redacted] to Greg Abbott for a judicial conference. The amount is unknown but should have been less than $25.00.		

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

AMERICAN OVERSIGHT

Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	Category of the Amount of each Fee
none	

AMERICAN OVERSIGHT

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A–less than $5,000; CATEGORY B–$5,000 to $9,999.99; CATEGORY C– $10,000 to $24,999.99; CATEGORY D–$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

AMERICAN OVERSIGHT

Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address | Amount

none

[7] A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

AMERICAN OVERSIGHT

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, this the 12th day of February 1996 to certify which, witness my hand and seal of office.

DARLA J. SADLER
NOTARY PUBLIC,
STATE OF TEXAS
Commission Expires 7-20-96

Darla J. Sadler

Signature of officer administering oath[8]

Darla J. Sadler

Print name of officer administering oath

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

---

[8] The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:

a. a judge, clerk, or commissioner of any court of record;
b. a notary public;
c. a justice of the peace; or
d. any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.

AMERICAN OVERSIGHT

Texas Ethics Commission * P.O. Box 12070 * Austin, Texas 78711-2070 * (512) 463-5800 * (800) 325-8506

FINANCIAL STATEMENT

Form PFS
Revised 02/21/97

Filed Pursuant to Chapter 572
Texas Government Code

For Calendar Year Ending December 31, 1996

OFFICE USE ONLY	
Account #	19692
RECEIVED HAND DELIVERED JUN 30 1997 Texas Ethics Commission	
Receipt #	
HC / PM	Amount
Date Processed	PROCESSED JUN 30 1997
Date Imaged	

CHECK ONE:

- ☐ Candidate for (Office): _____
- ☑ Elected official (Office): Texas Supreme Court
- ☐ Appointed official (Agency): _____
- ☐ Executive head (Agency): _____
- ☐ Party Chair[1] (Party): _____

INSTRUCTIONS: This form must be either handwritten in ink or typewritten. Attach pages of this size if additional space is needed on any response and identify each response by the part to which it relates. Whenever you are required to identify an individual or business entity, indicate the corresponding city and state.

INDIVIDUAL REQUIRED TO FILE: Gregory Wayne Abbott

Address: [redacted]

(City) (State) (Zip Code) (Telephone Number-Optional)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:

Name and Address of Employer: State of Texas - Texas Supreme Court
P O Box 12248 Austin TX 78711

(City) (State)

Position Held: Supreme Court Justice

Name and Address of Employer: _____

(City) (State)

Position Held: _____

If Self-employed:
Name and Address of Business: _____

(City) (State)

Nature of Occupation: _____

[1] Party Chair means the state chairperson of any political party receiving more than two percent of the vote for governor in the most recent general election.

AMERICAN OVERSIGHT

This financial statement must include the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year (this means the financial activities in property of the registrant's spouse and dependent children where the registrant exercises actual control over such activities. Op. Tex. Att'y Gen. No. H-269 (1974)). A person's natural child, adopted child, or stepchild is his or her "dependent child" if the person provides over 50 percent of the child's support during the calendar year. [Texas Government Code §§ 572.023(a), 572.006]

SPOUSE: Cecilia P. Abbott
(Full Name)

Address: [redacted]
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: St. Mary's Cathedral School
910 San Jacinto Austin Texas 78701
(City) (State)

Position Held: School Principal

~~If Self-employed:~~
Name and Address of ~~Business~~ Employer: St. Christopher's Catholic School
Houston Texas
(City) (State)

Nature of Occupation: School Principal

DEPENDENT CHILD 1: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

DEPENDENT CHILD 2: _____
(Full Name)

Address: _____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____
(City) (State)

If Self-employed:
Nature of Occupation: _____

AMERICAN OVERSIGHT

DEPENDENT CHILD 3: _____
(Full Name)

Address: _____

_____
(City) (State)

LIST ALL SOURCES OF OCCUPATIONAL INCOME:
Name and Address of Employer: _____

_____
(City) (State)

If Self-employed:
Nature of Occupation: _____

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D-- $25,000 or more.

Part I. Retainers

Identify any person or other organization from which you or a business in which you have a substantial interest[2] have received a fee as a retainer for future services in case of need (as opposed to a fee for services on a matter specified at the time of contracting for the fee). Report only retainer fees in which the amount of work performed does not equal or exceed the value of the retainer during the reporting period. Also include retainer fees for which no services have been performed. Op. Tex. Att'y Gen. No. H-269 (1974). Specify if the fee was received by you or by a business in which you have a substantial interest. Indicate the appropriate category of value for each retainer fee. [Texas Government Code § 572.023(b)(1)]

Source of Fee	Received by	Category
Not Applicable		

[2] An individual has a "substantial interest" in a business entity if the individual:
(1) has controlling interest in the business entity;
(2) owns more than 10 percent of the voting interest in the business entity;
(3) owns more than $25,000 of the fair market value of the business entity;
(4) has a direct or indirect participating interest by shares, stocks, or otherwise, regardless of whether voting rights are included, in more than 10 percent of the profits, proceeds, or capital gains of the business entity;
(5) is a member of the board of directors or other governing board of the business entity;
(6) serves as an elected officer of the business entity; or
(7) is an employee of the business entity. [Texas Government Code § 572.005]

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D-- $25,000 or more.

Part II. Stock

Identify by name and indicate the appropriate category of the number of shares of stock of any business entity held or acquired. Report the category of number of shares as follows: Category A--less than 100, Category B--100 to 499, Category C--500 to 999, Category D--1,000 to 4,999, Category E--5,000 to 9,999, Category F--10,000 or more. If the stock is sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(2)]

Name of Business Entity	Held/acquired by	Category of Shares	If sold: Net Gain or Net Loss and Category		
See Attached sheet					

Part III. Bonds, Notes, Commercial Paper

List all bonds, notes, and other commercial paper[3] held or acquired. If the item was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(3)]

Description	Held/acquired by	If sold: Net Gain or Net Loss and Category		
none				

[3] Commercial paper is any other negotiable paper, such as certificates of deposits (CDs), money market certificates, treasury bills, bills of exchange, etc.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part IV. Interest, Dividends, Royalties, Rents

Identify each source and category of amount of income derived from interest, dividends, royalties, and rents that is in excess of $500.00 per source. Indicate the type of income as being either interest, dividends, royalties, or rents. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$500.01 to $4,999.99; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government § 572.023(b)(4)]

Source	Type	Received by	Category
U.S. Savings Bonds,	Interest	Greg Abbott/ [redacted]	B
Fidelity Investments	Dividend	Greg Abbott	A

Part V. Personal Notes and Lease Agreements

Identify each guarantor of a loan and each person or financial institution to whom a personal note or notes or lease agreement for a total financial liability in excess of $1,000 existed at any time during the calendar year. NOTE: FOR THIS PART ONLY, INDICATE CATEGORY OF VALUE AS FOLLOWS: CATEGORY A--$1,000.01 to $4,999.99; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more. [Texas Government Code § 572.023(b)(5)]

Source of Personal Note or Lease Agreement	Money Owed by	Guarantor	Category
Bank One	Greg & Cecilia Abbott	none	D
Mercedes Benz Credit Corp	Greg Abbott	none	D
Valley National Bank	Finance Greg Abbott	none	B
Bank America	Greg Abbott	none	C
Nations Bank	Greg Abbott	none	A
Kay Wilson	Greg Abbott	none	C

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5000; CATEGORY B--$5,000.00 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VI. Beneficial Interests

Describe all beneficial interests[4] which were held or acquired in real property (including your homestead) and in business entities. If the interest in the property or business entity was sold, check whether there was a net gain or net loss realized from the sale and indicate the category of the amount of gain or loss realized. [Texas Government Code § 572.023(b)(6)]

REAL PROPERTY HELD OR ACQUIRED:
A description of real property is required to be reported by number of lots or number of acres, as applicable, in each county and the name of each county, and give the names of all persons retaining an interest in the property, except for an interest which is a severed mineral interest.

Description of Beneficial Interest in Real Property, Number of Lots or Acres by County, and Names of all Persons Retaining an Interest in the Property	Held/acquired by	If sold: Net Gain or Net Loss and Category		
[redacted]	Greg & Cecilia Abbott	yes	✓	C or D undetermined As of now

BUSINESS ENTITIES HELD OR ACQUIRED:
"Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law through which business for profit is conducted.

Description of Beneficial Interest	Held/acquired by	If sold: Net Gain or Net Loss and Category		
none				

[4] A beneficial interest may be either legal or equitable title (such as when a creditor takes the legal title as security for repayment of a debt). A trust item should be reported under Part VIII.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C--$10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part VII. Gifts

Identify any person or other organization which has given a gift of anything of value in excess of $250 in value to you, your spouse, or your dependent children. Describe each gift. Do not include gifts received from persons related within the second degree of consanguinity or affinity[5], political contributions that were reported as required by law, or expenditures required to be reported by a person required to be registered under Chapter 305, Government Code. [Texas Government Code § 572.023(b)(7)]

Source of Gift	Brief Description of Gift	Received by
—	none	—

Part VIII. Trust Income

Identify the source of all income received as beneficiary of a trust and indicate the appropriate category of the amount received. Identify each asset from which income in excess of $500 was received by the beneficiary, if the identity is known. [Texas Government Code § 572.023(b)(8)]

Source (Trust Name)	Beneficiary	Category	Assets, if known
—	none	—	—

[5] Examples of relatives within the second degree of consanguinity are as follows:

(1) First degree: parent, child;
(2) Second degree: brother, sister, grandparent, grandchild;

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:

(1) First degree: spouse, spouse's parent, son-in-law, daughter-in law;
(2) Second degree: spouse's brother, spouse's sister, brother's spouse, sister's spouse, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all-inclusive.

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc. UNLESS OTHERWISE NOTED, INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

Part IX. Corporate and Partnership Assets and Liabilities

Identify by description and category of amount all assets and liabilities of any corporation or partnership in which 50 percent or more of the outstanding ownership was held, acquired, or sold. [Texas Government Code § 572.023(b)(9)]

Corporation or Partnership	Brief Description of Assets and Liabilities	Stock Held, Acquired, or Sold by	Category
none			

Part X. Boards and Executive Positions

List all boards of directors of which the person is a member and executive positions that the person holds in corporations, firms, partnerships, or proprietorships, stating the name of each organization and the position held. [Texas Government Code § 572.023(b)(10)]

Name of Organization	Position Held	Position Held by
Goodwill Industries	Board of Trustees	Greg Abbott
The Institute for Rehabilitation + Research Foundation	Board of Directors	Greg Abbott

AMERICAN OVERSIGHT

PLEASE IDENTIFY FOR EACH OF THE FOLLOWING PARTS WHETHER THE INFORMATION PERTAINS TO THE INDIVIDUAL FILER, SPOUSE, DEPENDENT CHILD 1, DEPENDENT CHILD 2, etc.

Part XI. Conference Transportation, Meals, Lodging

Identify any person providing transportation, meals, or lodging expenses permitted under Section 36.07(b), Penal Code[6], and the amount of those expenses, other than expenditures required to be reported under Chapter 305, Government Code (the lobby law). You are not required to list political contributions reported under Title 15, Texas Election Code. [Texas Government Code § 572.023(b)(11)]

Name of Person	Amount of Expense	Provided to
Lubbock Bar Association	58.85	Greg Abbott
Dallas Chapter of the American Board of Trial Advocates	I do not know the exact amount but it is meals + lodging in the approximate amount of $200	Greg Abbott

[6] Section 36.07(b) of the Penal Code provides that the general prohibition on the acceptance of honoraria does not prohibit a public servant from accepting necessary expenses for meals, transportation, or lodging provided in connection with a conference or similar event in which the member renders services, such as addressing an audience or engaging in a seminar, to the extent that those services are more than merely perfunctory.

You must report any expenses for meals, transportation, or lodging permitted under section 36.07(b) unless a registered lobbyist is required to report those expenses on a lobby activities report.

AMERICAN OVERSIGHT

Part XII. Interests with a Lobbyist in Partnerships, Joint Ventures, or other Business Associations

Identify any partnership, joint venture, or other business association, excluding a publicly held corporation, in which both the filer and a person registered under Chapter 305, Government Code, have an interest. [Texas Government Code § 572.023(b)(12)]

Name of Organization

none

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIII. Fees Received for Services Rendered to a Lobbyist or a Lobbyist's Employer

Report the name of each person or entity required to be registered under Chapter 305, Government Code, or that you actually know directly compensates or reimburses a person required to be registered under Chapter 305, Government Code, from which you received a fee for services you rendered to or on behalf of such a person or entity and the category of the amount of each fee. [Texas Government Code § 572.024]

Name of the Person the Services were Rendered to	**Category of the Amount of each Fee**
none	

AMERICAN OVERSIGHT

INDICATE CATEGORY OF MONETARY VALUE AS FOLLOWS: CATEGORY A--less than $5,000; CATEGORY B--$5,000 to $9,999.99; CATEGORY C-- $10,000 to $24,999.99; CATEGORY D--$25,000 or more.

XIV. Representation by Legislator before an Executive State Agency

This section only applies to members of the legislature. For each person that you represented for compensation before an executive state agency report:

(1) the name of the agency;
(2) the person represented by the member; and
(3) the category of the amount of compensation you received for that representation. [Texas Government Code § 572.025]

Name of Agency	Person Represented	Category
none		

AMERICAN OVERSIGHT

Part XV. Benefits

List benefits derived from functions in honor or appreciation of the recipient by source, including name, address, and amount. [7]

Source of Benefit and Address | **Amount**

In appreciation of my giving A speech, the Lubbock Bar Association made a gift to Texas Tech Law School, I was never provided any documentation regarding this gift, but I think it was for the amount of $250.

[7] A benefit is anything reasonably regarded as pecuniary gain or pecuniary advantage, including benefit to any other person in whose welfare the beneficiary has a direct and substantial interest. Section 36.01(5), Penal Code.

Section 36.10 provides that the gift prohibitions set out in Sections 36.08 (Gift to Public Servant) and 36.09 (Offering Gift to Public Servant) of the Penal Code do not apply to a benefit to a public servant required to file a statement under Chapter 572, Texas Government Code or a report under Title 15, Election Code, that is derived from a function in honor or appreciation of the recipient if the benefit and the source of any benefit in excess of $50 is reported in the statement and the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or political subdivision.

A benefit reported as a contribution by the officeholder on a sworn statement under Title 15 of the Election Code need not be reported again here.

AMERICAN OVERSIGHT

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Greg Abbott

Signature of Filer

Sworn to and subscribed before me by Greg Abbott, **this the** 30th **day of** June, 1997, **to certify which, witness my hand and seal of office.**

Darla J. Sadler

Signature of officer administering oath[1]

NOTARY PUBLIC STATE OF TEXAS
DARLA J. SADLER
NOTARY PUBLIC
STATE OF TEXAS
COMM. EXP 07-20-2000

Darla J. Sadler

Print name of officer administering oath

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

[1] The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:

a. a judge, clerk, or commissioner of any court of record;
b. a notary public;
c. a justice of the peace; or
d. any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.

AMERICAN OVERSIGHT

Name of Business Entity	Held by	Category of Shares		Gain	Loss	Category
Janus Worldwide stock fund	Greg Abbott	D		X		A
K Mart	Greg Abbott	C			X	A
Ascend Communications	Greg Abbott	C		X		A
Cisco Systems	Greg Abbott	D		X		A
Oracle	Greg Abbott	A		X		B
Kent Electronics	Greg Abbott	C			X	A
Iomega	Greg Abbott	D		X		A
Photon Dynamics	Greg Abbott	D			X	A
Intel	Greg Abbott	B		X		B
Tidewater, Inc	Greg Abbott	C		X		A
Acuson Corp	Greg Abbott	D		X		A
Oxford Health Plans	Greg Abbott	B		X		A
3Com	Greg Abbott	C			X	A
Qualcomm	Greg Abbott	D		X		B
Cascade Communications	Greg Abbott	C		X		A
MRV Communications	Greg Abbott	D		not sold		
3Com	Greg Abbott	C		not sold		
Cascade Communications	Greg Abbott	C		not sold		
S3, Inc	Greg Abbott	D		not sold		
Brightpoint	Greg Abbott	D		not sold		
ITEQ	Greg Abbott	C		not sold		
PBHG Core Growth Fund	Greg Abbott	D		not sold		

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

MID #27428

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

log NA/comm orig DFS

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

~~HAND DELIVERED~~
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-15-09

Date Processed
PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☐ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☑ Other 2003 - 1998

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 6A titled "Interests in Real Property." I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 6A. Instead of listing the mortgage holder on Part 6A, I disclosed the mortgage holder on Part 5 under the category "Personal Notes and Lease Agreements." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 6A in addition to Part 5. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Rachel Stanbery	Notary Public

R: 420887 (x6)

AMERICAN OVERSIGHT

~~TX-TEC-21-0338-A 000737~~

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572.
For filings required in 1998, covering calendar year ending December 31, 1997.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

OFFICE USE ONLY

Account # 19652

Date Received
RECEIVED
FEB 12 1998
Texas Ethics Commission

Receipt #

HD / PM 2/11/98 Amount

Date Processed PROCESSED FEB 12 1998

Date Imaged

1 NAME

TITLE | FIRST: Greg | MI: W | NICKNAME | LAST: Abbott | SUFFIX

2 ADDRESS

☐ NEW ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2601 Wooldridge
Austin Texas 78703

3 TELEPHONE NUMBER

AREA CODE | PHONE NUMBER | EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

☑ CANDIDATE Texas Supreme Court Place 3 (INDICATE OFFICE)
☑ ELECTED OFFICER Texas Supreme Court Justice (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 Cecilia Abbott

☐ DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 15, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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

AMERICAN OVERSIGHT

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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 ☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
Texas Supreme Court Justice
P.O. Box 12248
Austin Texas 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO ☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St. Mary's Cathedral School
910 San Jacinto
Austin Texas 78701

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO ☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

RETAINERS

PART 1B

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 not applicable
2 FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown, but all companies are publicly traded PART 2

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 AND ADDRESS MRV COMMUNICATIONS
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS ASCEND COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: Compaq Computers
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: [redacted] 3COM CORPORATION
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: IOMEGA
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: PBHG CORE GROWTH FUND
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown, but PART 2

all companies are publicly traded

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 AND ADDRESS: ITEQ, Inc.
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: ENERGY BIOSYSTEMS CORP.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK addresses are unknown, but all companies are publicly traded **PART 2**

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 AND ADDRESS: AMERICAN PAD + PAPER
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: CASCADE COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown, but all companies are publicly traded PART 2

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 AND ADDRESS: WESTERN DIGITAL CORP.
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: SEAGATE TECHNOLOGY
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

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STOCK addresses are unknown, but all companies are publicly traded PART 2

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 AND ADDRESS: 3COM CORP
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: ASCEND COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown, but all companies are publicly traded **PART 2**

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 AND ADDRESS: ORACLE CORPORATION
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: QUALCOMM INC.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

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STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: IOMEGA CORP.
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: MCV COMMUNICATIONS
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK addresses are unknown but all companies are publicly traded PART 2

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 AND ADDRESS: Green Tree Financial
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: INTEL CORP.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

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STOCK addresses unknown, but all companies are publicly traded PART 2

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 AND ADDRESS: CISCO Systems Inc
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS: COMPAQ COMPUTER CO.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK

Addresses unknown
But, all companies are publicly traded

PART 2

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 AND ADDRESS XYLAN CORP
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME AND ADDRESS 53 INC.
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

STOCK

PART 2

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 AND ADDRESS: Brightpoint Inc
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME AND ADDRESS:
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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AMERICAN OVERSIGHT

BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	not applicable
2 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 not applicable
2 RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank One
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank America
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED We own a house located at
3 STREET ADDRESS ☐ NOT APPLICABLE	2601 Wooldridge Austin, Texas 78703
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia & Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Mercedes Benz Credit Corp.
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Valley National Finance
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Nations Bank
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	American Investment Bank
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS not applicable
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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 not applicable
2 RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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AMERICAN OVERSIGHT

TRUST INCOME

PART 8

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: not applicable
2 BENEFICIARY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
	not applicable	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
	not applicable	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute for Rehabilitation + Research
2 POSITION HELD	board of directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Goodwill Industries
POSITION HELD	board of trustees
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Career Recovery Resources
POSITION HELD	board of directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Marywood Children & Family Services
POSITION HELD	board of directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), 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 (Government Code Chapter 305). For more information, *see* FORM PFS–INSTRUCTION GUIDE.

1 PROVIDER State Bar of Texas	NAME AND ADDRESS State Bar of Texas
2 AMOUNT	Provided lodging & meals for seminars (two). Although I do not know the value, I estimate that it is $250-$300.
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

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AMERICAN OVERSIGHT

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS not applicable
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

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AMERICAN OVERSIGHT

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	not applicable
2 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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.

1 STATE AGENCY	Not applicable
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, the benefit is reportable here. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS not applicable
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

AMERICAN OVERSIGHT

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, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 11th day of February, 19 98, to certify which, witness my hand and seal of office.

Darla J. Sadler | Darla J. Sadler | Notary Public
Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

NOTARY PUBLIC STATE OF TEXAS
DARLA J. SADLER
NOTARY PUBLIC
STATE OF TEXAS
COMM. EXP 07-20-2000

AMERICAN OVERSIGHT

OK · SW

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (800) 325-8506

Corrected Financial Statement and Good-Faith Affidavit

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections.

OFFICE USE ONLY

RECEIVED
HAND DELIVERED
JUL 0 6 2000
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-6-00

Date Processed

Date Imaged

Filer Name (First, MI, Last)	Account #
Greg Abbott	19652

Address (P.O. Box or Street Address, Apt. or Suite #)
2601 Wooldridge

(City, State, Zip Code)
Austin, TX 78703

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 1997 ☐ 1998 ☒ 1999 ☐ 2000 ☐ 2001 ☐ 2002

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

Gifts - Part 7

One gift added

I swear or affirm that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear or affirm that I did not intend to violate a reporting requirement when I filed the original report.

DARLA J. SADLER
NOTARY PUBLIC
STATE OF TEXAS
COMM. EXP 07-20-2000

AFFIX NOTARY STAMP / SEAL ABOVE

Greg Abbott
[Signature of Filer]

Sworn to and subscribed before me by Greg Abbott this the 6th day of July, 20 00, to certify which, witness my hand and seal of office.

Darla J. Sadler — Signature of officer administering oath
Darla J. Sadler — Print name of officer administering oath
Notary Public — Title of officer administering oath

Printed on recycled paper

Revised 12/10/1999

2

R: 503750

AMERICAN OVERSIGHT

GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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 Texas General Counsel Group 431 Kickerillo Drive Houston, TX 77079
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
3 DESCRIPTION OF GIFT	Hotel & meals ($305.74)
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

MID #27428

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

log NA/comm orig DFS

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

~~HAND DELIVERED~~
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-15-09

Date Processed
PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☐ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☑ Other 2003 - 1998

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 6A titled "Interests in Real Property." I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 6A. Instead of listing the mortgage holder on Part 6A, I disclosed the mortgage holder on Part 5 under the category "Personal Notes and Lease Agreements." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 6A in addition to Part 5. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Rachel Stanbery	Notary Public

R: 420887 (x6)

AMERICAN OVERSIGHT

~~TX-TEC-21-0338-A-000776~~

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572.
For filings required in 1999, covering calendar year ending December 31, 1998.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

OFFICE USE ONLY

Account # 19652

Date Received RECEIVED
HAND DELIVERED
JUN 29 1999
Texas Ethics Commission

Receipt #

HD/PM 6/29/99 Amount

Date Processed PROCESSED JUN 29 1999

Date Imaged

1 NAME

TITLE | FIRST: Greg | MI: W | NICKNAME | LAST: Abbott | SUFFIX

2 ADDRESS

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

2601 Wooldridge
Austin Texas 78703

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER EXTENSION

[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Texas Supreme Court Justice (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 Cecilia Abbott
- ☐ DEPENDENT CHILD 1. _____
  2. _____
  3. _____

In Parts 1 through 15, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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

AMERICAN OVERSIGHT

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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

☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
Texas Supreme Court
P.O. Box 12248
Austin Texas 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St. Mary's Cathedral School
203 E. 10th Street
Austin Texas 78701

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

RETAINERS

PART 1B

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 Not Applicable
2 FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK

PART 2

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: America Online
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Strong Advantage Mutual Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Vanguard Growth Index Mutual Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Fingerhut Companies Inc.
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY		NAME: Kuschner Locke Co.
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

STOCK

PART 2

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 Dell Computer (concerns share equivalent of options)			
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME Intel (concerns share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME MRV Communications (includes share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☑ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME Qualcomm (concerns share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☑ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE
BUSINESS ENTITY	NAME XYLAN CORP. (concerns share equivalent of options)			
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☑ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

TX-TEC-21-0338-A-000781

STOCK

PART 2

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: Janus Worldwide mutual Fund				
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
3 NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Rydex OTC Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME: Janus Twenty Fund				
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____		
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000	☐ $5,000--$9,999	☐ $10,000--$24,999	☐ $25,000--OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

TX-TEC-21-0338-A-000782

BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	Not Applicable
2 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 Not Applicable
2 RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank One
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank America
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED We own a house located at address below
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia & Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Mercedes Benz Credit Corp.
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Nations Bank
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	American Investment Bank (this obligation was acquired by MBNA)
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

TX-TEC-21-0338-A-000787

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS Not Applicable
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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 American Board of Trial Advocates (Texas Chapter)
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	Trophy, payment of one night hotel expense and cash award for selection as Judge of the year
DONOR	NAME AND ADDRESS Ampco Parking Inc. 3600 Manor Rd. Austin Texas
RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	parking
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

TRUST INCOME

PART 8

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: Not Applicable
2 BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
	Not Applicable	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	Not Applicable
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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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AMERICAN OVERSIGHT

BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute for Rehabilitation + Research
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Goodwill Industries
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Career Recovery Resources
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Marywood Children + Family Services
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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AMERICAN OVERSIGHT

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), 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 (Government Code Chapter 305). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS South Texas College of Law 1303 San Jacinto St. Houston, TX 77002
2 AMOUNT $286.65	airline travel (Personal Injury Law Conference
PROVIDER	NAME AND ADDRESS State Bar of Texas Box 12487 Austin, TX 78711
AMOUNT $269.00	airline travel (Personal Injury Law course
PROVIDER	NAME AND ADDRESS Texas State Comptroller of Public Accounts P.O. Box 13528 Austin, TX 78711
AMOUNT $205.57	airline travel & hotel (State Bar of Texas Annual Meeting
PROVIDER	NAME AND ADDRESS Texas State Comptroller of Public Accounts P.O. Box 13528 Austin, TX 78711
AMOUNT $147.00	airline travel (Forum for State Court Judges

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AMERICAN OVERSIGHT

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS Not Applicable
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

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AMERICAN OVERSIGHT

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	Not Applicable
2 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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.

1 STATE AGENCY	Not Applicable
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, the benefit is reportable here. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS Not Applicable
2 BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

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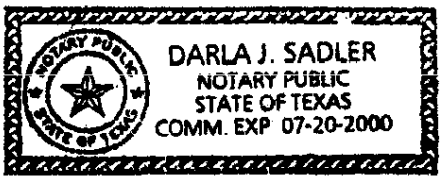
AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.



Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 28th day of June, 19 99, to certify which, witness my hand and seal of office.

Darla J. Sadler	Darla J. Sadler	Notary Public
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

MID #27428

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

log NA/comm orig DFS

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last)	Account #
Greg, W., Abbott	00019652

Address (P.O. Box or Street Address, Apt. or Suite #)

P.O. Box 308

☐ (CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, Texas 78767

OFFICE USE ONLY

~~HAND DELIVERED~~
RECEIVED
JUL 15 2009
Texas Ethics Commission

Receipt #	Amount

HD / PM 7-15-09

Date Processed PROCESSED JUL 15 2009

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement due in

☐ 2009 ☐ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☑ Other 2003 - 1998

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

This correction concerns Part 6A titled "Interests in Real Property." I misunderstood the filing requirements to require that I list my wife and myself, rather than my mortgage holder, as persons retaining an interest in the real property listed in Part 6A. Instead of listing the mortgage holder on Part 6A, I disclosed the mortgage holder on Part 5 under the category "Personal Notes and Lease Agreements." Upon learning of the error, I immediately amended the statements to list the mortgage holder under Part 6A in addition to Part 5. In accordance with Section 571.0771, Texas Government Code, I request a waiver of any possible penalty because the inadvertent errors or omissions in the statements as originally filed were made in good faith, and because I am filing the corrected statements within 14 business days of learning of the inadvertent error.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

RACHEL STANBERY
Notary Public, State of Texas
My Commission Expires
July 28, 2010

Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Greg Abbott this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Rachel Stanbery	Notary Public

R: 420887 (x6)

AMERICAN OVERSIGHT

~~TX-TEC-21-0338-A 000300~~

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE 2601 Wooldridge Austin, Travis County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank 1000 Louisiana Houston, Texas 77002
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5 000 ☐ $5 000–$9 999 ☐ $10 000–$24 999 ☐ $25 000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMERICAN OVERSIGHT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET

Filed in accordance with Government Code Chapter 572.
For filings required in 2000, covering calendar year ending December 31, 1999.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

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1 NAME
TITLE | FIRST: Greg | MI: W.
NICKNAME | LAST: ABBOTT | SUFFIX

2 ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2601 Wooldridge
Austin Texas 78703

3 TELEPHONE NUMBER
AREA CODE | PHONE NUMBER | EXTENSION
[redacted]

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER Texas Supreme Court Justice (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 Cecilia Abbott
- ☐ DEPENDENT CHILD 1. _____
  2. _____
  3. _____

In Parts 1 through 15, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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.

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SOURCES OF OCCUPATIONAL INCOME

PART 1A

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

☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

2 EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

State of Texas
P.O. Box 12248
Austin TX 78711

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Supreme Court Justice

INFORMATION RELATES TO

☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

St. Mary's Cathedral School
910 San Jacinto
Austin TX 78701

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

principal of school

INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

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RETAINERS

PART 1B

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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STOCK

PART 2

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	Kushner Locke
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Fingerhut
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	MRV Communications
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Bid Com International
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	CMGI
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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STOCK

PART 2

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	Intel
2 STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME	Merrill Lynch
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME	Loral
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☑ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME	Audiovox
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
BUSINESS ENTITY	NAME	Dell
STOCK HELD OR ACQUIRED BY	☑ FILER	☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000	☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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STOCK

PART 2

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	Lucent
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Applied Micro Circuits
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Global Crossing
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Global Star Telecom
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	
BUSINESS ENTITY	NAME	Conexant
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE	

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STOCK

PART 2

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	IPS Uniphase
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	
BUSINESS ENTITY	NAME	Qualcomm
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	
BUSINESS ENTITY	NAME	Vanguard Small Cap Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	
BUSINESS ENTITY	NAME	Vanguard Small Cap Growth Fund
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	
BUSINESS ENTITY	NAME	Vanguard Growth Index Fund
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE	

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STOCK

PART 2

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	Strong Advantage Fund
2 STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD	☐ NET GAIN ☑ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	JANUS Worldwide Fund
STOCK HELD OR ACQUIRED BY		☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☑ NET GAIN ☐ NET LOSS	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	Rydex OTC Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	JANUS Twenty Fund
STOCK HELD OR ACQUIRED BY		☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY	NAME	
STOCK HELD OR ACQUIRED BY		☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES		☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD	☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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RETAINERS

PART 1B

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 ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS _____ ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

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 Fidelity Investments
2 RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Wells Fargo Bank
RECEIVED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☑ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Mercedes Benz Credit Corp
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

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	Wells Fargo Bank
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank One
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank America
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN REAL PROPERTY

PART 6A

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	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED We own the house located At the address below
3 STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge Austin TX Travis County
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cecilia + Greg Abbott
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS ☐ NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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AMERICAN OVERSIGHT

INTERESTS IN BUSINESS ENTITIES

PART 6B

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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GIFTS

PART 7

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. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

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TRUST INCOME

PART 8

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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 ASSETS	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
		☐ 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
		☐ 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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CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership 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 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS	
2 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 LIABILITIES	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
		☐ 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
		☐ 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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BOARDS AND EXECUTIVE POSITIONS

PART 10

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, 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	The Institute for Rehabilitation & Research
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Goodwill Industries
POSITION HELD	Board of Director
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Career Recovery Resources
POSITION HELD	Board of Director
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Marywood Children & Family Services
POSITION HELD	Board of Directors
POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

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EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 11

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under Penal Code section 36.07(b), 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 (Government Code Chapter 305). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS Texas Tech University Box 40004 Lubbock, TX 79409
2 AMOUNT $283.00	airline travel & hotel (speaker - Law Review Banquet)
PROVIDER	NAME AND ADDRESS Sprouse, Smith & Rowley, P.C. 801 S. Fillmore #600 Amarillo, TX 79105-5008
AMOUNT $316.00	airline travel & hotel (Speaker - Tx. Panhandle Association of Legal Assistants)
PROVIDER	NAME AND ADDRESS Thompson & Knight 1200 San Jacinto Austin, TX 78701
AMOUNT $125.00	airline travel (Speaker - Tx. Tort & Insurance Seminar)
PROVIDER	NAME AND ADDRESS
AMOUNT	

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INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 12

Identify each partnership, joint venture, or other business association, other than a publicly-held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS

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

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305, 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	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 14

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.

1 STATE AGENCY	
2 PERSON REPRESENTED	
3 FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 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 Election Code Title 15, 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	

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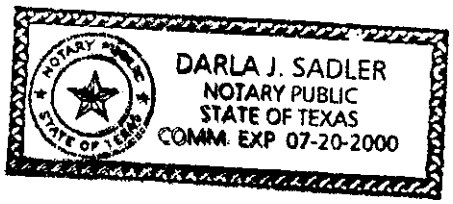
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572, Government Code.



Greg Abbott
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Abbott, this the 30th day of June, 20 00, to certify which, witness my hand and seal of office.

Darla J. Sadler — Darla J. Sadler — Notary Public
Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

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