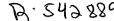
PERSONAL FI	NANCIAL STATEMENT	FORM PFS COVER SHEET
	dance with chapter 572 of the Government Code.	PAGE # Page 1 of 38
	012, covering calendar year ending December 31, 2011 . - INSTRUCTION GUIDE when completing this form.	ACCOUNT# 31 204
1 NAME	TITLE, FIRST, MI	OFFICE USE ONLY 4/10
	Mr. Daniel	Date Received PRECEIVED 118
	NICKNAME, LAST, SUFFIX	
	Branch	APR 2 3 2012
2 ADDRESS		Texas Ethics Commission
	3953 Maple Avenue Suite 105	Receipt #
	Dallas, TX 75219	HD/PM 4-18 Amount
	(CHECK IF FILER'S HOME ADDRESS)	Date Processed
3 TELEPHONE	AREA CODE NUMBER; EXTENSION	ROCESSED APR 2 3 2012
NUMBER	(214) 745-5825	Date Imaged
4 REASON FOR FILING STATEMENT	☐ CANDIDATE	(INDICATE AGENCY) (INDICATE AGENCY) (INDICATE AGENCY) (INDICATE PARTY) (INDICATE POSITION)
spouse or dependent ch SPOUSE DEPENDENT CHILD 1.	financial activity you are reporting (filer must report information about ildren if the filer had actual control over that activity): Stacey S. Branch Spencer H. Branch Catherine L. Branch	it the financial activity of the filer's
3.	Charles V. Branch	

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





(512)463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission FORM PFS PERSONAL FINANCIAL STATEMENT ADDITIONAL DEPENDENT CHILDREN **COVER SHEET ADDENDUM** 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): DEPENDENT CHILDREN (continued from Cover Sheet) 4. Sarah J. Branch

Texas Ethics Commission

SOURCES OF OCC	UPATIONAL IN	ICOME		PART 1A	
☐ NOT APPLICABLE					
When reporting information about providing the number under which	ut a dependent child's act ch the child is listed on the	ivity, indicate the child e Cover Sheet.	d about whom you are reporting b	у	
1 INFORMATION RELATES TO	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _		
2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD				
	Winstead PC	(Check if File	r's Home Address)		
	1201 Elm Street Suite 5400 Dallas, TX 75270-21	99		,	
	Shareholder				
SELF-EMPLOYED	attorney	NATURE OF	OCCUPATION		
INFORMATION RELATES TO	☐ FILER	⊠ spouse	☐ DEPENDENT CHILD _		
EMPLOYMENT	· NA		MPLOYER / POSITION HELD r's Home Address)		
	Neiman Marcus				
	1618 Main Street Dallas, TX 75201				
	part time sales				
SELF-EMPLOYED	retail	NATURE OF	OCCUPATION		
INFORMATION RELATES TO					
	☐ FILER	☐ SPOUSE	☑ DEPENDENT CHILD _	<u>23 </u>	
EMPLOYMENT	NA		MPLOYER / POSITION HELD		
X EMPLOYED BY ANOTHER	Blackridge	(Check ii Filei	's Home Address)		
	919 Congress, Suite 9 Austin, TX 78701	950			
	intern				
SELF-EMPLOYED	consulting	NATURE OF	OCCUPATION		
CO	PY AND ATTACH ADD	ITIONAL PAGES A	S NECESSARY		

Texas Ethics Commission

SOURCES OF OCC	UPATIONAL IN	COME	PART 1A
☐ NOT APPLICABLE			
When reporting information about providing the number under which	ut a dependent child's acti ch the child is listed on the	vity, indicate the child e Cover Sheet.	I about whom you are reporting by
1 INFORMATION RELATES TO	☐ FILER	☐ SPOUSE	☑ DEPENDENT CHILD 13
2 EMPLOYMENT	NAM		MPLOYER / POSITION HELD 's Home Address)
▼ EMPLOYED BY ANOTHER	St. Andrews Episcopa	— :	is Home Address)
	1112 West 31st Stree Austin, TX 78705		
	assistant coach		
SELF-EMPLOYED			OCCUPATION
GLLF-LWIFLOTED	Lacrosse team		
INFORMATION RELATES TO	FILER	SPOUSE	☑ DEPENDENT CHILD 4
EMPLOYMENT	NAM	_	EMPLOYER / POSITION HELD r's Home Address)
▼ EMPLOYED BY ANOTHER	Blue Print		one name , address,
	2707 Fairmount St Dallas, TX 75201		
	sales intern		
SELF-EMPLOYED	home/office interiors	NATURE OF	OCCUPATION
INFORMATION RELATES TO			
IN ONWATION REDATES TO	☐ FILER	☑ SPOUSE	DEPENDENT CHILD
EMPLOYMENT	NAM	_	EMPLOYER / POSITION HELD
☐ EMPLOYED BY ANOTHER	Yardlines	(Check if File	r's Home Address)
	3418 Westminster Sul Dallas, TX 75205	ite 218	
	production and sales		
	sports wear	NATURE OF	OCCUPATION
66	ADV AND ATTACH ADD	UTIONAL DACTE A	C NECESCARY

STOCK					PARI Z	
☐ NOT APPLICAB	BLE					
and indicate the category of the amou	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 PFSINSTRUCTION GUIDE.					
		pendent child's activity child is listed on the Co		bout whom you are re	eporting by	
1 BUSINESS ENTITY	(Southwest Airlines	N/	AME		
2 STOCK HELD OR	ACQUIRED BY		X SPOUSE	X DEPENDENT CHIL	D 1234	
³ NUMBER OF SHAI	RES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999	
4 IF SOLD	☐ NET GAIN☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE	
BUSINESS ENTITY	<i>(</i>	Texas Instruments	N/	AME		
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	X DEPENDENT CHIL	D <u>3</u>	
NUMBER OF SHAF	RES	X LESS THAN 100	100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD	☐ NET GAIN	5,000 TO 9,999 LESS THAN \$5,000	10,000 OR MORE	:	☐ \$25,000OR MORE	
	☐ NET LOSS					
BUSINESS ENTITY						
BUSINESS ENTITY	(Airgas, Inc.	NA	AME	·	
BUSINESS ENTITY STOCK HELD OR		Airgas, Inc.	NA ☐ SPOUSE	ME DEPENDENT CHIL	D	
	ACQUIRED BY			DEPENDENT CHIL	D 1,000 TO 4,999	
STOCK HELD OR A	ACQUIRED BY	☐ LESS THAN 100	☐ SPOUSE ☐ 100 TO 499	DEPENDENT CHIL		
STOCK HELD OR A	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100☐ 5,000 TO 9,999	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999	1,000 TO 4,999	
STOCK HELD OR A NUMBER OF SHAP IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100☐ 5,000 TO 9,999☐ LESS THAN \$5,000☐	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	☐ DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100☐ 5,000 TO 9,999☐ LESS THAN \$5,000☐ Web MD Health	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Web MD Health ☐ FILER ☐ LESS THAN 100	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA	DEPENDENT CHIL 500 TO 999	1,000 TO 4,999 \$25,000OR MORE D	
STOCK HELD OR AN NUMBER OF SHAFE BUSINESS ENTITY STOCK HELD OR AN NUMBER OF SHAFE	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Web MD Health ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA IX SPOUSE [X] 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	☐ DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ 1,000 TO 4,999	
STOCK HELD OR ANUMBER OF SHAFE IF SOLD BUSINESS ENTITY STOCK HELD OR ANUMBER OF SHAFE IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Web MD Health ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA IX SPOUSE [X] 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	☐ DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ 1,000 TO 4,999 ☐ \$25,000OR MORE	
STOCK HELD OR AN NUMBER OF SHAFE IF SOLD BUSINESS ENTITY STOCK HELD OR AN NUMBER OF SHAFE IF SOLD BUSINESS ENTITY	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Web MD Health ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Johnson and Johnson	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA IX SPOUSE [X] 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 Company	☐ DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ 1,000 TO 4,999 ☐ \$25,000OR MORE	
STOCK HELD OR AN NUMBER OF SHAPE IF SOLD BUSINESS ENTITY STOCK HELD OR AN NUMBER OF SHAPE IF SOLD BUSINESS ENTITY STOCK HELD OR AN	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Web MD Health ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Johnson and Johnson ☐ FILER ☐ LESS THAN 100	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA ☐ SPOUSE ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 Company ☐ SPOUSE ☐ 100 TO 499 ☐ 100 TO 499	☐ DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ □ \$25,000OR MORE	

STOCK					PART 2
☐ NOT APPLICABLE					
List each business entity and indicate the category category of the amount o INSTRUCTION GUIDE.	of the number	er of shares held or acq	uired. If some or all	of the stock was sold	d, also indicate the
When reporting information providing the number und				bout whom you are re	eporting by
¹ BUSINESS ENTITY		Monsanto Co.	NA	ME	
2 STOCK HELD OR ACC	QUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
³ NUMBER OF SHARES	6	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
4 IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		Paccar Inc.	NA	ME	
STOCK HELD OR ACC	QUIRED BY	X FILER	X SPOUSE	☑ DEPENDENT CHIL	D 1234
NUMBER OF SHARES	6	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
BUSINESS ENTITY		Walt Disney Holdings (ME	
BUSINESS ENTITY STOCK HELD OR ACC	QUIRED BY	Walt Disney Holdings (☐ FILER		ME DEPENDENT CHIL	D <u>13</u>
			Co.	□ DEPENDENT CHIL □ 500 TO 999	D _13
STOCK HELD OR ACC		FILER LESS THAN 100	□ SPOUSE □ 100 TO 499	□ DEPENDENT CHIL □ 500 TO 999	
STOCK HELD OR ACC	NET GAIN	☐ FILER ☑ LESS THAN 100 ☐ 5,000 TO 9,999	Co. SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	☑ DEPENDENT CHIL ☐ 500 TO 999	1,000 TO 4,999
STOCK HELD OR ACC NUMBER OF SHARES IF SOLD	NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	Co. SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	☑ DEPENDENT CHIL☐ 500 TO 999☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR ACCOUNTS OF SHARES IF SOLD BUSINESS ENTITY	NET GAIN NET LOSS QUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Tomco 2 Equipment Co	Co. SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA	 ☑ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR ACCOUNT OF SHARES IF SOLD BUSINESS ENTITY STOCK HELD OR ACCOUNT OF STOCK HELD OR ACCOUNT OF SHARES	NET GAIN NET LOSS QUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Tomco 2 Equipment Co ☐ FILER ☐ LESS THAN 100	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA D. SPOUSE 100 TO 499	 ☑ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR ACCONUMBER OF SHARES IF SOLD BUSINESS ENTITY STOCK HELD OR ACCONUMBER OF SHARES	NET GAIN NET LOSS QUIRED BY NET GAIN	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Tomco 2 Equipment Co ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA D. SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHIL 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE D ☐ 1,000 TO 4,999
STOCK HELD OR ACCONUMBER OF SHARES IF SOLD BUSINESS ENTITY STOCK HELD OR ACCONUMBER OF SHARES IF SOLD IF SOLD	NET GAIN NET LOSS QUIRED BY S NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Tomco 2 Equipment Co ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA D. SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	□ DEPENDENT CHIL □ 500 TO 999 □ \$10,000 - \$24,999 □ 500 TO 999 □ \$10,000 - \$24,999 □ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE D ☑ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR ACCONUMBER OF SHARES IF SOLD BUSINESS ENTITY STOCK HELD OR ACCONUMBER OF SHARES IF SOLD BUSINESS ENTITY	NET GAIN NET LOSS QUIRED BY NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Tomco 2 Equipment Co ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ebay Inc.	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA D. SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA	□ DEPENDENT CHIL □ 500 TO 999 □ \$10,000 - \$24,999 □ DEPENDENT CHIL □ 500 TO 999 □ \$10,000 - \$24,999 ■ ME □ DEPENDENT CHIL □ 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE D ☑ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR ACCOUNT OF SHARES IF SOLD BUSINESS ENTITY STOCK HELD OR ACCOUNT OF SHARES IF SOLD BUSINESS ENTITY STOCK HELD OR ACCOUNT OF SHARES	NET GAIN NET LOSS QUIRED BY NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Tomco 2 Equipment Co ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ebay Inc. ☐ FILER ☐ LESS THAN 100	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA SPOUSE 100 TO 499 NA SPOUSE 100 TO 499	□ DEPENDENT CHIL □ 500 TO 999 □ \$10,000 - \$24,999 □ DEPENDENT CHIL □ 500 TO 999 □ \$10,000 - \$24,999 ■ ME □ DEPENDENT CHIL □ 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ \$25,000 TO 4,999 ☐ \$25,000OR MORE

STOCK					PART 2
☐ NOT APPLICABL	-E				
and indicate the category of the amoun	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 PFSINSTRUCTION GUIDE.				
		ependent child's activity, child is listed on the Co		bout whom you are re	eporting by
¹ BUSINESS ENTITY		Winstead PC	N.A	AME	
² STOCK HELD OR A	CQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	D
³ NUMBER OF SHAR	ES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
⁴ IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		Tyco Electronics Ltd.	N.A.	ME	
STOCK HELD OR A	CQUIRED BY	FILER	SPOUSE	X DEPENDENT CHIL	D 1234
NUMBER OF SHAR	ES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		Covidien Ltd.	N.A	ME	
STOCK HELD OR A	CQUIRED BY	FILER	SPOUSE	☑ DEPENDENT CHIL	D 1234
NUMBER OF SHAR	ES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		Covidien PLC	N.A	ME	
STOCK HELD OR A	CQUIRED BY	FILER	SPOUSE	▼ DEPENDENT CHIL	D 1234
NUMBER OF SHAR	ES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY	:	Tyco International Ltd.		ME	
STOCK HELD OR A	CQUIRED BY	☐ FILER	SPOUSE	X DEPENDENT CHIL	D 1234
NUMBER OF SHAR	ES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

512)463-5800	1-800-325-8506

1-800-325-8506

Texas Ethics Commission

MUTUAL FUNDS				PART 4
NOT APPLICABLE				
List each mutual fund and the numb acquired during the calendar year a some or all of the shares of a mutual from the sale. For more information When reporting information about a providing the number under which to	nd indicate the category o al fund were sold, also indi n, see FORM PFSINSTR dependent child's activity	of the number of shan icate the category of CUCTION GUIDE , indicate the child a	res of mutual funds h the amount of the ne	eld or acquired. If et gain or loss realized
¹ MUTUAL FUND	Dodge & Cox Stock Fund	NAI I	ME	
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUAL FUND	Westcore Growth	NAI	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUAL FUND	WF Coll Stable Return Fเ	NAI und	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999		☐ 500 TO 999 E	☐ 1,000 TO 4,999
IF SOLD ☑ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	∑ \$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
COPY	AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

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 PFSINSTRUCTION GUIDE When reporting information about a dependent child's 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	WF Advtg Government S		мЕ		
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D	
³ NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999	
4 IF SOLD ☑ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	X \$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE	
MUTUAL FUND	Calamos Growth & Incom	NAN	ME		
	Salarinos Siowar a mosir				
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	⊠ FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	X 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE	
MUTUAL FUND	Fidelity Blue Chip Growth	NAM	ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD ☑ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000	X \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE	
СОРУ	' AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY		

PART 4 MUTUAL FUNDS ☐ 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. NAME ¹ MUTUAL FUND Newgate Global Fixed Income ² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD 3 NUMBER OF SHARES LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 X 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 NAME **MUTUAL FUND** WF Advantage Large Co. Growth SHARES OF MUTUAL FUND X FILER ☐ SPOUSE DEPENDENT CHILD _____ HELD OR ACQUIRED BY NUMBER OF SHARES LESS THAN 100 ☐ 500 TO 999 X 1,000 TO 4,999 ☐ 100 TO 499 OF MUTUAL FUND ■ 10,000 OR MORE 5,000 TO 9,999 IF SOLD ■ NET GAIN LESS THAN \$5,000 | \$5,000 - \$9,999 | \$10,000 - \$24,999 | \$25,000--OR MORE ☐ NET LOSS NAME **MUTUAL FUND** Invesco Energy SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER ☐ SPOUSE DEPENDENT CHILD _____ NUMBER OF SHARES 1,000 TO 4,999 LESS THAN 100 ☐ 100 TO 499 X 500 TO 999 OF MUTUAL FUND 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 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

				A
MUTUAL FUNDS NOT APPLICABLE				PART 4
List each mutual fund and the nuacquired during the calendar yeasome or all of the shares of a mutrom the sale. For more informator when reporting information about providing the number under whice	r and indicate the category on tual fund were sold, also ind tion, see FORM PFSINSTF t a dependent child's activity	of the number of shan licate the category of RUCTION GUIDE r, indicate the child al	res of mutual funds he the amount of the ne	eld or acquired. If et gain or loss realized
MUTUAL FUND	Invesco Real Estate	NAM	ИE	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUAL FUND	WF Adv Premier Lrg Co.	NAN Growth	ΛΕ	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

1-800-325-8506 PART 5 **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS** ☐ 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. NAME AND ADDRESS ¹ SOURCE OF INCOME Merrill Lynch Cash Management Accounts (including securities held in such accounts) 300 Davidson Avenue Somerset, NJ 08873 2 RECEIVED BY X FILER X SPOUSE X DEPENDENT CHILD 1234 ³ AMOUNT X \$10,000 - \$24,999 ☐ \$25,000--OR MORE **\$500 - \$4,999 55,000 - \$9,999** NAME AND ADDRESS SOURCE OF INCOME 5-S A General Partnership PO Box 560747 Dallas, TX 75356-0747 RECEIVED BY ☐ FILER X SPOUSE DEPENDENT CHILD _____ **AMOUNT** \$500 - \$4,999 \$5,000 - \$9,999 X \$10,000 - \$24,999 ☐ \$25,000--OR MORE NAME AND ADDRESS SOURCE OF INCOME Tomco Equipment Co. 3340 Roseland Road Loganville, GA 30052 RECEIVED BY X FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____ **AMOUNT** \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE X \$500 - \$4,999

1-800-325-8506

Austin, Texas 78711-2070

PART 5 **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS** ■ 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. NAME AND ADDRESS ¹ SOURCE OF INCOME Barbara Nash (tenant rentals/partial month) PO Box 120988 Arlington, TX 76012 2 RECEIVED BY X FILER X SPOUSE DEPENDENT CHILD _____ ³ AMOUNT □ \$10,000 - \$24,999 □ \$25,000--OR MORE \$500 - \$4,999 **55,000 - \$9,999**

PERSONAL NOTES	AND LEASE AC	SREEMENTS	PART 6
☐ NOT APPLICABLE			
Identify each guarantor of a loan ar a dependent child had a total finance agreement at any time during the co tion, see FORM PFSINSTRUCTION When reporting information about a providing the number under which the	cial liability of more than s calendar year and indicate ON GUIDE a dependent child's activit	\$1,000 in the form of e the category of the a ty, indicate the child a	a personal note or notes or lease amount of the liability. For more informa-
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America		
² LIABILITY OF	☑ FILER	X SPOUSE	DEPENDENT CHILD
³ GUARANTOR			
⁴ AMOUNT	\$1,000 - \$4,999	55,000 - \$9,999	☐ \$10,000 - \$24,999 🗵 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Northern Trust Bank		
LIABILITY OF	☑ FILER	X SPOUSE	DEPENDENT CHILD
GUARANTOR			
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 🛛 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Merrill Lynch		
LIABILITY OF	☑ FILER	X SPOUSE	DEPENDENT CHILD
GUARANTOR			
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 X \$25,000OR MORE
COPY	Y AND ATTACH ADDIT	TONAL PAGES AS	NECESSARY

Texas Ethics Commission

PART 6 PERSONAL NOTES AND LEASE AGREEMENTS ■ 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. PERSON OR INSTITUTION STR Co./V.E. Salvino HOLDING NOTE OR LEASE AGREEMENT ² LIABILITY OF X FILER X SPOUSE □ DEPENDENT CHILD ³ GUARANTOR ⁴ AMOUNT **\$1,000 - \$4,999** PERSON OR INSTITUTION Northwestern Mutual HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF X 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 512 Realty HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF X FILER X SPOUSE ☑ DEPENDENT CHILD 1 **GUARANTOR** Branch, Daniel **AMOUNT** \$1,000 - \$4,999 **X** \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission

PERSONAL NOTES A	AND LEASE AG	REEMENTS	F	PART 6
☐ NOT APPLICABLE				
Identify each guarantor of a loan area dependent child had a total finance agreement at any time during the countries ton, see FORM PFSINSTRUCTION. When reporting information about a providing the number under which the second sec	cial liability of more than \$ alendar year and indicate DN GUIDE i dependent child's activity	1,000 in the form of the category of the y, indicate the child a	a personal note or notes or lease amount of the liability. For more in	forma-
¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Property Management o	f Texas		
² LIABILITY OF	☑ FILER	X SPOUSE	☑ DEPENDENT CHILD 2	
³ GUARANTOR	Branch, Daniel			
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	University Towers			
LIABILITY OF	X FILER	X spouse	☑ DEPENDENT CHILD 3	
GUARANTOR	Branch, Daniel			
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	Mercedes-Benz Credit			
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD	
GUARANTOR	Branch, Daniel			
AMOUNT	S1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999	OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

1-800-325-8506

1-800-325-8506

PERSONAL NOTES A	AND LEASE AC	BREEMENTS		PART 6
☐ NOT APPLICABLE				
Identify each guarantor of a loan ar a dependent child had a total finance agreement at any time during the co- tion, see FORM PFSINSTRUCTION When reporting information about a providing the number under which the	cial liability of more than s alendar year and indicate DN GUIDE a dependent child's activit	\$1,000 in the form of the category of the a ty, indicate the child a	a personal note or no amount of the liability	ites or lease For more informa-
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	C&M Austin Properties			
² LIABILITY OF	X FILER	SPOUSE	□ DEPENDENT CHIL	D 3
³ GUARANTOR	Branch, Daniel	·		
⁴ AMOUNT	S1,000 - \$4,999	X \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
COPY	Y AND ATTACH ADDIT	TIONAL PAGES AS	NECESSARY	

P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 Texas Ethics Commission PART 7A INTERESTS IN REAL PROPERTY □ 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 ☐ DEPENDENT CHILD X FILER X SPOUSE STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE ² STREET ADDRESS 1122 Colorado Street (1 unit) Austin, TX 78701 Travis County NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 3 DESCRIPTION 1 lot X LOTS partial/Travis ACRES ⁴ NAMES OF PERSONS Westgate Condo. Assoc., Inc., Northern Trust Bank RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST) ⁵ IF SOLD X NET GAIN LESS THAN \$5,000 **S5.000 - \$9.999** X \$10,000 - \$24,999 \$25,000--OR MORE ☐ NET LOSS HELD OR ACQUIRED BY X FILER X SPOUSE ☐ DEPENDENT CHILD STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE STREET ADDRESS 4323 Vermont, Route 108 South Smugglers Notch, VT 05464 Lamoille County NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED DESCRIPTION 1 lot X LOTS Aspen Highlands/Lamoille ACRES Smugglers Notch Resort/Smugglers Notch Clubowners NAMES OF PERSONS RETAINING AN INTEREST ■ NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ NET LOSS

PART 7A

1-800-325-8506

INTERESTS IN REAL	_ PROPERTY			PART /A
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was For an explanation of 'beneficial in INSTRUCTION GUIDE.	sold, also indicate the ca	itegory of the amour	nt of the net gain or loss	realized from the sale.
When reporting information about providing the number under which			d about whom you are i	reporting by
¹ HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHI	LD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	1122 Colorado Street (Austin, TX 78701 Travis County		ING CITY, COUNTY AND STATE	
3 DESCRIPTION ☑ LOTS ☐ ACRES	_{NUMB} 1 lot partial/Travis	ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	TED
4 NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Westgate Condo. Asso	c., Inc., Northern Trus	st Bank	
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	S10,000 - \$24,999	☐ \$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHI	LD
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	102 W 57th St New York, NY 10019 New York County	STREET ADDRESS, INCLUDE	ING CITY, COUNTY AND STATE	
DESCRIPTION LOTS ACRES	NUMBI 1 lot partial/New York	ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	πED
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	☐ \$25,000OR MORE
COP	Y AND ATTACH ADDI	ITIONAL PAGES A	S NECESSARY	

Texas Ethics Commission

PART 7A INTERESTS IN REAL PROPERTY ☐ 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 X FILER X SPOUSE DEPENDENT CHILD STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE 2 STREET ADDRESS 3809 Colgate Ave. University Park, TX 75225 ■ NOT AVAILABLE Dallas County X CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 3 DESCRIPTION 1 lot X LOTS Dallas ☐ ACRES ⁴ NAMES OF PERSONS Bank of America, Merrill Lynch **RETAINING AN INTEREST** ■ NOT APPLICABLE (SEVERED MINERAL INTEREST) ⁵ IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE ☐ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

(512)463-5800

INTERESTS IN BUS	SINESS ENTITIES		PART 7B	
☐ NOT APPLICABLE				
calendar year. If the interest wa	s sold, also indicate the categ	gory of the amount o	spouse, or a dependent child during the of the net gain or loss realized from the sale. ing this section, see FORM PFS	
When reporting information about providing the number under which			bout whom you are reporting by	
¹ HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD	
² DESCRIPTION		NAME AND (check if Filer's	ADDRESS Home Address)	
	Winstead PC			
	1204 Elm Street Suite 5400 Dallas, TX 75270-2199			
³ IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE	
HELD OR ACQUIRED BY	X FILER	X SPOUSE	☑ DEPENDENT CHILD 1234	
DESCRIPTION	NAME AND ADDRESS X (check if Filer's Home Address)			
	Hampton Interiors & Design,	Ltd.		
	3809 Colgate Ave. University Park, TX 75225			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE	
HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHILD	
DESCRIPTION		NAME AND (check if Filer's	ADDRESS Home Address)	
	Yardlines			
	3418 Westminster Suite 218 Dallas, TX 75205			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE	
CO	PY AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

INTERESTS IN BUS	SINESS ENTITIES		PART /B	
☐ NOT APPLICABLE				
calendar year. If the interest wa	as sold, also indicate the cate	gory of the amount	r spouse, or a dependent child during the of the net gain or loss realized from the sale. ting this section, see FORM PFS	
When reporting information abo providing the number under whi			about whom you are reporting by	
¹ HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHILD	
² DESCRIPTION	5-S A General Partnership PO Box 560747 Dallas, TX 75358-0747	NAME AND Check if Filer's	ADDRESS s Home Address)	
³ IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000	55,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE	
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	NAME AND ADDRESS (check if Filer's Home Address)			
	Gov Plus Fund AI, L.P.			
	5420 LBJ Freeway Suite 525 Dallas, TX 75240			
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE	
CO	PY AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

(512)463-5800	1-800-325-8506
(017,1403-0000	1-800-323-8308

GIFTS			PAR	1 0
☐ NOT APPLICABLE				
describe the gift. The description include a statement of the value or registered as a lobbyist under cha	of a gift of cash or a cash equivalent of the gift. Do not include: 1) expter 305 of the Government Coother recipient within the secor GUIDE ut a dependent child's activity	valent, such as a neg penditures required to de; 2) political contri- ad degree of consang , indicate the child a	your spouse, or a dependent child, and obtiable instrument or gift certificate, must obe reported by a person required to be butions reported as required by law; or guinity or affinity. For more information, about whom you are reporting by	i
¹ DONOR		NAME AND ADDI	RESS	
	Crow, Harlan and Katherine			
	4700 Preston Road Dallas, TX 75205			
² RECIPIENT				
	X FILER	X SPOUSE	☑ DEPENDENT CHILD 234	
³ DESCRIPTION OF GIFT	Family summer trip			
DONOR	Crow, Katherine	NAME AND ADDI	RESS	
	4700 Preston Road			
	Dallas, TX 75205			
RECIPIENT				
	☐ FILER	SPOUSE	☑ DEPENDENT CHILD 1	
DESCRIPTION OF GIFT	Graduation gift			·
	Graduation gift			
DONOR	Perot, Jr., Ross and Sarah	NAME AND ADD	RESS	
	3916 Gillon			
	Dallas, TX 75205			
RECIPIENT				
	☑ FILER	X SPOUSE	DEPENDENT CHILD	
DESCRIPTION OF GIFT	Ranch dinner & Austin trips			
CC	PY AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

TRUST INCOME				PART 9
☐ NOT APPLICABLE				
Identify each source of income rec category of the amount of income than \$500 in income, if the identity	received. Also identify eac	h asset of the trust t	from which the benefi	ciary received more
When reporting information about providing the number under which			about whom you are r	eporting by
¹ SOURCE	Daniel Hugh Branch Trust	NAME OI	=TRUST	
² BENEFICIARY		SPOUSE	DEPENDENT CHIL	.D
³ INCOME	☑ LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED	Limited Partnership Interes	st, Branch Family Lin	nited Partnership	
☐ UNKNOWN				
COP	Y AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512)463-5800	1-800-325-8506
ASSETS OF B	USINESS ASS	SOCIATIONS		PART 11A
☐ NOT APPLICABLE				
corporation, professiona dent child held, acquired of the assets. For more When reporting informat	l association, joint ven , or sold 50 percent or information, see FORI ion about a dependent	ture, or other business assoc more of the outstanding own M PFSINSTRUCTION GUII	child about whom you are reporti	e, or a depen- or of the amount
¹ BUSINESS ASSOCIATION	Hampton Interiors & D 3809 Colgate Ave. University Park, TX 7		(Check if Filer's Home Address)	
² BUSINESS TYPE	Limited Partnership			
³ HELD, ACQUIRED, OR SOLD BY	X FILI	ER X SPOUSE	☑ DEPENDENT CHILD _1	1234
4 ASSETS		DESCRIPTION ny, Northern Trust Bank	CATEGO	DRY
	Oncoking Moot Odor	y, Northon Tract Bank	LESS THAN \$5,000	-
	 		\$10,000 - \$24,999] \$25,000OR MORE

ASSETS OF BI	JSINESS ASSOCIATION	S		PART 11A
☐ NOT APPLICABLE	·			
corporation, professional dent child held, acquired of the assets. For more When reporting informati	ch coporation, firm, partnership, limited passociation, joint venture, or other busin, or sold 50 percent or more of the outstainformation, see FORM PFS—INSTRUCTion about a dependent child's activity, incider which the child is listed on the Cover	ess association i inding ownership FION GUIDE. licate the child al	in which you, your spou and indicate the catego	se, or a depen- ory of the amount
¹ BUSINESS ASSOCIATION	NAME AND AD Yardlines	DDRESS (Check if Filer's Home Address)	
	3419 Westminster Suite 218 Dallas, TX 75205			
² BUSINESS TYPE	General Partnership			
³ HELD, ACQUIRED, OR SOLD BY	☐ FILER 🛛	SPOUSE	DEPENDENT CHILD	
⁴ ASSETS	DESCRIPTION Checking Account Legacy Texas Bank	& Inventory		GORY
	COPY AND ATTACH ADDITION	AL PAGES AS	NECESSARY	

(512)463-5800

	epen-
corporation, professional association, joint venture, or other business association in which you, your spouse, or a d dent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the of the assets. For more information, see FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's 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 5-S A General Partnership PO Box 560747 Dallas, TX 75356-0747 2 BUSINESS TYPE General Partnership 3 HELD, ACQUIRED, OR SOLD BY FILER SPOUSE DEPENDENT CHILD DEPENDENT CHILD LESS THAN \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000	epen-
5-S A General Partnership PO Box 560747 Dallas, TX 75356-0747 2 BUSINESS TYPE General Partnership 3 HELD, ACQUIRED, OR SOLD BY DESCRIPTION LESS THAN \$5,000 \$\square\$ \$5,000	
3 HELD, ACQUIRED, OR SOLD BY 4 ASSETS DESCRIPTION CATEGORY LESS THAN \$5,000 \$5,000	
OR SOLD BY 4 ASSETS DESCRIPTION CATEGORY LESS THAN \$5,000 \$5,000	
4 ASSETS DESCRIPTION SecuritieS DESCRIPTION LESS THAN \$5,000 \$5,000	
	- \$9,999 0OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

BOARDS AND EXE	ECUTIVE POSITION	ONS	Р	ART 12
☐ NOT APPLICABLE				
your spouse, or a dependent cl ships, professional corporations	nild hold in corporations, firm s, professional associations,	ns, partnerships, lim joint ventures, othe	a member and all executive positio lited partnerships, limited liability pa er business associations, or propriet on, see FORM PFS—INSTRUCTION	rtner- orships,
When reporting information about providing the number under wh			d about whom you are reporting by	
¹ ORGANIZATION	The Fund for American Stud	dies		
² POSTITION HELD	Board of Trustees, Secretar	ry & General Counse	el .	
³ POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	Southwestern Medical Four	ndation		
POSTITION HELD	Board of Trustees			
POSITION HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	The Dallas Summer Musica	als		
POSTITION HELD	Board of Directors			
POSITION HELD BY		SPOUSE	DEPENDENT CHILD	
ORGANIZATION	Crow Family Holdings			
POSTITION HELD	Board			
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	Circle Ten Council, Boy Sco	outs of America		
POSTITION HELD	Honorary Executive Board			
POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
С	OPY AND ATTACH ADDI	TIONAL PAGES A	AS NECESSARY	

BOARDS AND EX	ECUTIVE POSIT	TONS		PART 12
☐ NOT APPLICABLE				
List all boards of directors of your spouse, or a dependent ships, professional corporatio stating the name of the organ	child hold in corporations, fi ons, professional association	īrms, partnerships, lim ns, joint ventures, othe	nited partnerships, limited liabi er business associations, or p	ility partner- roprietorships,
When reporting information a providing the number under w			d about whom you are reporti	ing by
¹ ORGANIZATION	John Tower Center for Po	olitical Studies/SMU		
² POSTITION HELD	Chair of Board (advisory))		
³ POSITION HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
	COPY AND ATTACH AD	DITIONAL PAGES	AS NECESSARV	
	COPT AND ATTACH AD	DITIONAL PAGES	AO NEOLOOAK I	

PART 14 INTEREST IN BUSINESS IN COMMON WITH LOBBYIST ■ NOT APPLICABLE Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional corporation sional 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. NAME AND ADDRESS ¹ BUSINESS ENTITY Winstead PC 1201 Elm Street Suite 5400 Dallas, TX 75270-2199 ² INTEREST HELD BY X FILER ☐ SPOUSE DEPENDENT CHILD _____ NAME AND ADDRESS **BUSINESS ENTITY** Winstead Consulting Group 1201 Elm Street Suite 5400 Dallas, TX 75270-2199 INTEREST HELD BY X FILER ☐ SPOUSE DEPENDENT CHILD _____ **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

1-800-325-8506 Texas Ethics Commission Austin, Texas 78711-2070 **PART 15** FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER □ 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 Crow Family Holdings FOR WHOM SERVICES WERE PROVIDED ² FEE CATEGORY ☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☒ \$25,000--OR MORE

(512)463-5800

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 Texas Medical Association/TEXPAC 401 West 15th St Austin, TX 78701
² BENEFIT	2011 Friend of Medicine Award/sculpture

1-800-325-8506

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

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

□ N/A Part 1A - Sources of Occupational Income
☑ N/A Part 1B - Retainers
□ N/A Part 2 - Stock
☐ N/A Part 3 - Bonds, Notes & Other Commercial Paper
□ N/A Part 4 - Mutual Funds
☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
☐ N/A Part 6 - Personal Notes and Lease Agreements
□ N/A Part 7A - Interests in Real Property
□ N/A Part 7B - Interests in Business Entities
□ N/A Part 8 - Gifts
□ N/A Part 9 - Trust Income
☑ N/A Part 10A - Blind Trusts
☑ N/A Part 10B - Trustee Statement
☐ N/A Part 11A - Assets of Business Associations
☑ N/A Part 11B - Liabilities of Business Associations
□ N/A Part 12 - Boards and Executive Positions
☐ N/A Part 13 - Expenses Accepted Under Honorarium Exception
☐ N/A Part 14 - Interest in Business in Common with Lobbyist
□ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
☑ N/A Part 16 - Representation by Legislator Before State Agency
☐ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
☑ N/A Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

P.O. Box 12070

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.

(512) 463-5800

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said DANIEL H. BRANCH, this the

20 12 , to certify which, witness my hand and seal of office.