

PERSONAL FINANCIAL STATEMENT**FORM PFS
COVER SHEET**

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.

PAGE # Page 1 of 49

ACCOUNT # 00019837

1 NAME

TITLE, FIRST, MI

Sen. John

NICKNAME, LAST, SUFFIX

Carona

Sr.

OFFICE USE ONLY

Date Received

**HAND DELIVERED
RECEIVED****APR 30 2013** *MY***Texas Ethics Commission**

Receipt #

HD/ PM

4/30/13

Amount

Legal

Date Processed

PROCESSED APR 30 2013

Date Imaged

2 ADDRESS5401 N Central Expwy, Suite 300
Dallas, TX 75205☐ (CHECK IF FILER'S HOME ADDRESS)**3 TELEPHONE
NUMBER**

AREA CODE NUMBER; EXTENSION

(214) 303-5510

**4 REASON
FOR FILING
STATEMENT**

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☒ ELECTED OFFICER State Senator District 16 (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 calendar year. In parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SOURCES OF OCCUPATIONAL INCOME**PART 1A**☐ NOT APPLICABLE

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

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)

Associations, Inc.

5401 N Central Expwy, Suite 300
Dallas, TX 75205

President & CEO

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Business Executive

INFORMATION RELATES TO

☒ FILER☐ SPOUSE☐ DEPENDENT CHILD _____

EMPLOYMENT

☒ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

Texas Senate

PO Box 12068
Austin, TX 78711

State Senator

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Legislator

INFORMATION RELATES TO

☒ FILER☐ SPOUSE☐ DEPENDENT CHILD _____

EMPLOYMENT

☒ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

First Associations Bank

12011 N Central Expwy, Suite 1165
Dallas, TX 75243

Director

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

Board Member

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK**PART 2**☐ NOT APPLICABLE

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 BUSINESS ENTITY	Associations, Inc. NAME			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	First Associations Bank NAME			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 First Associations Bank 12011 N Central Expwy, Suite 1165 Dallas, TX 75243
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
3 AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS 5401 N Central Expwy, LP 5401 N Central Expwy, Suite 300 Dallas, TX 75205
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Preston and Melinda Patterson 1825 Briargate Lane Mesquite, TX 75181
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

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1 SOURCE OF INCOME	NAME AND ADDRESS JJC Holdings, LLC 5401 N Central Expwy Suite 300 Dallas, TX 75205
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**☐ NOT APPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	HC Processing
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Carona, Deborah
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**☐ NOT APPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Nationstar Mortgage
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
3 GUARANTOR	
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Kornye, Maryanne
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Keller, Wilma
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**☐ NOT APPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE

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

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Collectors Capital
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Texas Capital Bank
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**☐ NOT APPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Lexus Financial Services
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Ally Auto Finance
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	American National Bank
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**☐ NOT APPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE

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

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest' and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE 5131 DeLoache Ave Dallas, TX 75220 Dallas
3 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED single family home
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Bank of America Nationstar Mortgage
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE 1825 Briargate Lane Mesquite, TX 75181 Dallas
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED single family home
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES**PART 7B**☐ NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest' and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	<div>NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</div> <p>Associations, Inc.</p> <p>5401 N Central Expwy, Suite 300 Dallas, TX 75205</p>
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div>NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</div> <p>5401 N Central Expwy, LP</p> <p>5401 N Central Expwy, Suite 300 Dallas, TX 75205</p>
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div>NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</div> <p>First Associations Bank</p> <p>12001 N Central Expwy, Suite 1165 Dallas, TX 75243</p>
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

INTERESTS IN BUSINESS ENTITIES**PART 7B**☐ NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest' and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	<div>NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</div> <p>JJC Holdings, LLC</p> <p>5401 N Central Expwy Suite 300 Dallas, TX 75205</p>
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div>NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</div> <p>Carona Ranches, LLC</p> <p>5401 N Central Expwy Suite 300 Dallas, TX 75205</p>
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS**PART 11A**☐ NOT APPLICABLE

Describe all assets of each coporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Associations, Inc. 5401 N Central Expwy, Suite 300 Dallas, TX 75205											
2 BUSINESS TYPE	Corporation											
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____											
4 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="402 709 1018 745">DESCRIPTION</th> <th data-bbox="1018 709 1500 745">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="402 745 1018 861">Cash</td> <td data-bbox="1018 745 1500 861"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td data-bbox="402 861 1018 1008">Accounts Receivable and Other Receivables</td> <td data-bbox="1018 861 1500 1008"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td data-bbox="402 1008 1018 1165">Property and Equipment</td> <td data-bbox="1018 1008 1500 1165"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td data-bbox="402 1165 1018 1316">Other Assets</td> <td data-bbox="1018 1165 1500 1316"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE </td> </tr> </tbody> </table>		DESCRIPTION	CATEGORY	Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Accounts Receivable and Other Receivables	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Property and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Other Assets	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY											
Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Accounts Receivable and Other Receivables	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Property and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Other Assets	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS**PART 11A**☐ NOT APPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)											
	5401 N Central Expwy, LP 5401 N Central Expwy Suite 300 Dallas, TX 75205											
2 BUSINESS TYPE	partnership											
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____											
4 ASSETS	<table border="1"><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>Cash</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Real Estate</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Accounts Receivable and Other Receivables</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Furnishings and Equipment</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY	Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Real Estate	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Accounts Receivable and Other Receivables	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Furnishings and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY											
Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Real Estate	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Accounts Receivable and Other Receivables	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Furnishings and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)									
	JJC Holdings, LLC 5401 N Central Expwy Suite 300 Dallas, TX 75205									
2 BUSINESS TYPE	limited liability corporation									
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									
4 ASSETS	<table border="1"><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>Cash</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Real Estate</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Property and Equipment</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY	Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Real Estate	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Property and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY									
Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE									
Real Estate	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE									
Property and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE									

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

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Carona Ranches, LLC 5401 N Central Expwy Suite 300 Dallas, TX 75205											
2 BUSINESS TYPE	limited liability corporation											
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____											
4 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="407 716 1015 751">DESCRIPTION</th> <th data-bbox="1019 716 1507 751">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 751 1015 863">Cash</td> <td data-bbox="1019 751 1507 863"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td data-bbox="407 869 1015 1010">Real Estate</td> <td data-bbox="1019 869 1507 1010"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td data-bbox="407 1016 1015 1157">Furnishings and Equipment</td> <td data-bbox="1019 1016 1507 1157"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td data-bbox="407 1163 1015 1304">Livestock</td> <td data-bbox="1019 1163 1507 1304"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE </td> </tr> </tbody> </table>		DESCRIPTION	CATEGORY	Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE	Real Estate	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Furnishings and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Livestock	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY											
Cash	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE											
Real Estate	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Furnishings and Equipment	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Livestock	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											

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LIABILITIES OF BUSINESS ASSOCIATIONS**PART 11B**☐ NOT APPLICABLE

Describe all liabilities of each coporation, 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 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 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)											
	Associations, Inc. 5401 N Central Expwy, Suite 300 Dallas, TX 75205											
2 BUSINESS TYPE	Corporation											
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____											
4 LIABILITIES	<table border="1"><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>Accounts Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Wages and Benefits Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Taxes Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Notes Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY	Accounts Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Wages and Benefits Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Taxes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE	Notes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY											
Accounts Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Wages and Benefits Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Taxes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											
Notes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE											

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)	
	5401 N Central Expwy, LP 5401 N Central Expwy Suite 300 Dallas, TX 75205	
2 BUSINESS TYPE	partnership	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION	CATEGORY
	Accounts Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
	Notes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)							
	JJC Holdings, Inc. 5401 N Central Expwy Suite 300 Dallas, TX 75205							
2 BUSINESS TYPE	limited liaiblity corporation							
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____							
4 LIABILITIES	<table border="1"><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>Accounts Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Notes Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY	Accounts Payable	<input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE	Notes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY							
Accounts Payable	<input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE							
Notes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE							

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)							
	Carona Ranches, LLC 5401 N Central Expwy Suite 300 Dallas, TX 75205							
2 BUSINESS TYPE	limited liability corporation							
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____							
4 LIABILITIES	<table border="1"><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>Accounts Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>Notes Payable</td><td><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY	Accounts Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE	Notes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY							
Accounts Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE							
Notes Payable	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE							

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 ORGANIZATION	411HOA, Inc. dba Management Resource Center
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	5401 N Central Expressway, LP
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Advanced Technology Group, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Alliance Association Management, Inc
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	American Oak Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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1 ORGANIZATION	Amtek Engineering Services, L.L.C.
2 POSTITION HELD	Manager
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Antares Property Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Arch Enterprises, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associa Abstract Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associa Advantage, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 ORGANIZATION	Associa Capital, LLC
2 POSTITION HELD	Manager
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associa Club Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associa Community Association Websites, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associa Community Development, Inc.
POSTITION HELD	Director/Chairman
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associa Community Management Solutions, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 ORGANIZATION	Associa Corporate Real Estate Services, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Associa Living, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Associa Maintenance Field Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Associa OnCall California, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Associa OnCall Florida, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

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

1 ORGANIZATION	Associa OnCall Nevada, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Associa OnCall, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Associa Title, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Associated Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Association Communications, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

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

1 ORGANIZATION	Association Policyholders, Inc
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Association Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Association Times, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associations Equity Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Associations Insurance Agency, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

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1 ORGANIZATION	Associations, Inc.
2 POSTITION HELD	President/CEO/Chairman
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	AssociationsFirst, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Bay Area Property Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Benchmark Properties, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Benson's, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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1 ORGANIZATION	California Association Services, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Canyon Gate Real Estate Services, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Carona Ranches, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Certified Association Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Certified Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

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1 ORGANIZATION	Colonia, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Communities Global, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Community Archives, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Community Group, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Community Management Concepts of Jacksonville, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

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1 ORGANIZATION	Community Management Concepts, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Community Management Corporation
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Community Management Professionals, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Community Management Services of Colorado, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Desert Resort Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 ORGANIZATION	Development Consultants, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	EMB, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	First Associations Bank
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	First Associations Title, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	First Associations, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 ORGANIZATION	First Avenue Realty, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Fox Valley Management Co.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Golden Pacific Association Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	H.R.W., Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Hawaii First, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's 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	HMS Acquisition Corporation
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	HOA Collection Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	HOA Financial Services, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	HOAC Acquisition Corporation
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Homeowner's Business Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 ORGANIZATION	Homeside Properties, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Houston Community Management Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	JJC Holdings, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Jomar Association Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Ken-Mar Consultants, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

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1 ORGANIZATION	Kramer-Triad Management Group, LLC
2 POSTITION HELD	Manager
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Legum & Norman Midwest, L.L.C.
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Legum & Norman Realty, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Lewis Management Resources, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Lincoln Hancock Restoration, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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1 ORGANIZATION	M&C Association Management Services, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	MAMCO, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Management Advantage, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Massingham & Associates Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	McKay Management Corporation
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 ORGANIZATION	Mid-Atlantic Management Corporation
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Morris Property Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	N.N. Jaeschke, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Nationwide Escrow Collection Specialists, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	NNJ Property Services, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 ORGANIZATION	Pacific States Association Services, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Paradise Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Parker & Company, Inc., Consulting, Management & Investments
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	PCM Consulting Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	PCM Data Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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1 ORGANIZATION	PCM Escrow Services, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	PCM Realty & Marketing, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Planned Community Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	PMG Holdings, Inc.
POSTITION HELD	Chairman/CEO
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Portfolio Global, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 ORGANIZATION	Portfolio United, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Prime Site Properties, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Prime Site, Incorporated
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Principal Management Group, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Professional Community Management International, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS**PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 ORGANIZATION	Professional Community Management of California, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Professional Community Management Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Professional Community Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	R & G Management Co., Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Radius Construction Group Incorporated
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 ORGANIZATION	Rampart Properties, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Rampart Risk Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Real Property Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Revel & Underwood Association Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	River Management, Development and Realty, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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1 ORGANIZATION	Roger Kramer & Associates, Ltd.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Small Community Specialists, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	SoDev, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Somerset Association Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Specialty Carriers, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 ORGANIZATION	Specialty Insurance Company of Hawaii, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	TCC Staff Management, Inc.
POSTITION HELD	Pres/Dir
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	The Portfolio Consortium, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	The Prescott Companies
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	The Prescott Companies, LLC
POSTITION HELD	Manager
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____

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1 ORGANIZATION	Today American Management, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Triad Corporation
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Triad Management Corporation
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Tyler Community Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Urban Association Services, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 ORGANIZATION	Vanguard Association Employees, Corp
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Vanguard Community Management, Inc.
POSTITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

PARTS MARKED 'NOT APPLICABLE' BY FILER

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

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

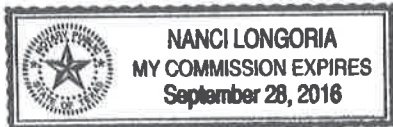
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, **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



AFFIX NOTARY STAMP / SEAL ABOVE

JOHN J. CARONA
STATE SENATORBARBARA K. SALYERS
CHIEF OF STAFFCAPITOL OFFICE
ROOM 4E.2
P.O. Box 12068
AUSTIN, TEXAS 78711(512) 463-0116
(800) 662-0334
FAX (512) 463-3135
barbara.salyers@senate.state.tx.us

Sworn to and subscribed before me by John Carona this the 30 day of April, 2013,
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