

# 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 43

ACCOUNT # **36668**

**1 NAME**

TITLE, FIRST, MI  
**David**

NICKNAME, LAST, SUFFIX  
**Dewhurst**

**OFFICE USE ONLY**

Date Received  
**HAND DELIVERED RECEIVED**  
**APR 30 2013** *mx*

**Texas Ethics Commission**

Receipt #

**HD** PM **4/30** Amount

Legal

Date Processed  
**PROCESSED APR 30 2013**

Date Imaged

**2 ADDRESS**

Office of Lt. Governor  
 1200 Congress Ave. Room 2E, 13  
 Austin, TX 78701

(CHECK IF FILER'S HOME ADDRESS)

**3 TELEPHONE NUMBER**

AREA CODE NUMBER; EXTENSION  
**(512) 463-9002**

**4 REASON FOR FILING STATEMENT**

- CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ELECTED OFFICER Lt. Governor \_\_\_\_\_ (INDICATE OFFICE)
- APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- OTHER \_\_\_\_\_ (INDICATE POSITION)

**5 Family members whose financial activity you are reporting (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 Patricia H. Dewhurst

DEPENDENT CHILD 1. Carolyn Bivins

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.

**47**

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**R: 571498**

# 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)

State of Texas - Office of Lt. Governor

State Capitol  
1200 Congress Avenue  
Austin, TX 78701

SELF-EMPLOYED

NATURE OF OCCUPATION

**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	NAME Falcon Seaboard Diversified, Inc.		
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 checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME David Dewhurst Investment - I, Inc.		
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 checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME See Attached Exhibit A (2 page Exhibit) for further detail		
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**

BUSINESS ENTITY	STOCK HELD OR ACQUIRED BY	NUMBER OF SHARES						IF SOLD					
		Less than 100	100 to 499	500 to 999	1,000 to 4,999	5,000 to 9,999	10,000 or More	Net Gain	Net Loss	Less than \$5,000	\$5,000 to \$9,999	10,000 to \$24,999	25,000 or More
AEGON N.V. CMN	FILER					X			X				
AKZO NOBEL N.V. NLG5	FILER		X					X	X				
ALCATEL-LUCENT CMN	FILER				X				X				
AMERICA MOVIL SAB DE CV SPONSORED ADR CMN	FILER			X					X				
APPLIED MATERIALS INC CMN	FILER						X		X				
ASTELLAS PHARMA CMN	FILER		X					X	X				
ASTRAZENECA PLC ORD CMN	FILER		X					X	X				
BANCO SANTANDER BRASIL SA ADR CMN	FILER			X				X	X				
BARCLAYS PLC ORD 25P CMN	FILER				X			X					
BOEING COMPANY CMN	FILER			X				X				X	
BP PLC CMN	FILER				X			X	X				
CALPINE CORPORATION CMN	FILER			X				X			X		
CANON INC. CMN	FILER		X					X		X			
CARMAX, INC. CMN	FILER			X				X	X				
CARNIVAL CORPORATION CMN	FILER			X					X				
CARREFOUR S.A. (ORD) EUR2.5	FILER			X					X				
CATERPILLAR INC (DELAWARE) CMN	FILER	X						X			X		
CEMEX, S.A.B DE C.V. SPONSORED ADR CMN	FILER			X					X				
CENTRAIS ELETRICAS BRASILEIRAS S A SPON ADR REPSTG 50 CMN	FILER			X				X		X			
COMCAST CORPORATION CMN CLASS A NON VOTING	FILER			X				X				X	
CRH PLC ORD SHS CMN	FILER			X				X	X				
DAI NIPPON PRINTING CO., LTD. CMN	FILER			X					X				
DAIICHI SANKYO CO., LTD. CMN	FILER			X					X				
DELPHI AUTOMOTIVE PLC CMN	FILER			X					X				
DEUTSCHE BANK REG SHS CMN	FILER	X							X				
DEUTSCHE POST AG CMN	FILER			X				X		X			
DEUTSCHE TELEKOM AG CMN	FILER			X					X				
DEUTSCHE TELEKOM AG FOREIGN NETTING/NON-DTC ELIG	FILER			X					X				
DIEBOLD INCORPORATED CMN	FILER			X				X			X		
DISCOVER FINANCIAL SERVICES CMN	FILER		X					X		X		X	
DRESSER-RAND GROUP INC. CMN	FILER			X				X	X				
ENI ORDINARY SHARES CMN	FILER			X					X				
ERICSSON (LM) TELEFON- AKTIEBOLAGET SEK 2.50 SER 'B'	FILER			X					X				
FLEXTRONICS INTERNATIONAL LTD CMN	FILER			X					X				
FRANCE TELECOM S.A. EUR 4.00	FILER			X					X				
FRANKLIN RESOURCES INC CMN	FILER		X					X				X	
FUJIFILM HOLDINGS CMN	FILER			X				X	X				
GLAXOSMITHKLINE PLC CMN	FILER		X					X	X				
HONDA MOTOR CMN	FILER			X				X		X			
HSBC HLDGS PLC ORD USD0.50	FILER			X				X		X			
ILLINOIS TOOL WORKS CMN	FILER			X				X				X	
INTEL CORPORATION CMN	FILER				X			X				X	
INTESA SANPAOLO COMMON STOCK 0.52 EUR	FILER					X			X				
ITALCEMENTI SPA DI RISP NON CONV EUR1.00	FILER			X					X				
ITV PLC CMN CLASS ...	FILER					X		X		X			
J SAINSBURY PLC CMN	FILER				X				X				
JAPAN TOBACCO INC. CMN	FILER	X						X			X		
JPMORGAN CHASE & CO CMN	FILER			X					X				
KONINKLIJKE AHOLD N.V. CMN	FILER			X				X			X		
KOREA ELECTRIC POWER CRP ADR	FILER			X				X	X				
MARKS AND SPENCER GROUP P.L.C. CMN SERIES NEW ORD	FILER			X				X		X			

BUSINESS ENTITY	STOCK HELD OR ACQUIRED BY	NUMBER OF SHARES						IF SOLD					
		Less than 100	100 to 499	500 to 999	1,000 to 4,999	5,000 to 9,999	10,000 or More	Net Gain	Net Loss	Less than \$5,000	\$5,000 to \$9,999	10,000 to \$24,999	25,000 or More
MIZUHO FINANCIAL GROUP CMN	FILER						X		X				
MORRISON (WM.)SUPERMARKETS PLC ORD GBPO.10	FILER					X		X				X	
MS&AD INSURANCE GROUP HOLDINGS CMN	FILER			X				X					
NATIONAL OILWELL VARCO, INC. COMMON STOCK CMN	FILER		X					X					X
NIPPON TELEGPH & TELE CMN	FILER			X				X		X			
NKSJ HOLDINGS CMN	FILER			X				X					
NOKIA OYJ SERIES A EURO.06	FILER			X				X					
ONO PHARMACEUTICAL CMN	FILER	X						X	X				
PENN NATIONAL GAMING INC CMN	FILER			X				X			X		
PETROLEO BRASILEIRO S.A. SPON ADR	FILER			X				X					
PORTUGAL TELECOM SGPS SA CMN	FILER			X				X					
POSCO SPONSORED ADR CMN	FILER	X						X	X				
ROBERT HALF INTL INC CMN	FILER			X				X			X		
SANOFI-AVENTIS CMN	FILER			X				X			X		
SCHWEIZERISCHE RUECKVERSICHERU CMN	FILER	X						X					
SEVEN & I HOLDINGS CO., LTD. CMN	FILER			X				X	X				
SK TELECOM CO., LTD. SPONSORED ADR CMN	FILER		X					X					
SONY CORPORATION CMN	FILER		X					X					
ST MICROELECTRONICS EUR1.04 (SICOVAM)	FILER			X				X	X				
STARWOOD HOTELS & RESORTS CMN	FILER			X				X				X	
SUMITOMO MITSUI FIN GROUP, INC CMN	FILER		X					X	X				
SUMITOMO MITSUI TRUST HOLDINGS CMN	FILER				X			X					
TAKEDA PHARMACEUTICAL CO LTD CMN	FILER		X					X					
TDK CORP CMN	FILER	X						X	X				
TE CONNECTIVITY LTD CMN	FILER		X					X			X		
TELECOM ITALIA SPA CMN	FILER					X		X					
TELECOMUNICACOES DE SAO PAULO SPONSORED ADR PFD	FILER		X					X			X		
TELEFONICA SA ORD EUR1	FILER			X				X		X			
TIFFANY & CO CMN	FILER			X				X	X				
TIM PARTICIPACOES S.A. SPONSORED ADR CMN	FILER		X					X			X		
TOKIO MARINE HOLDINGS CMN	FILER		X					X					
TOTAL SA CMN CL B EUR10	FILER			X				X					
TOYOTA MOTOR CORPORATION CMN	FILER			X				X	X				
UBS AG CMN VAL 1074.074	FILER			X				X					
ULTRA PETROLEUM CORP CMN	FILER			X				X					
UNILEVER N.V. CMN DUTCH CERTIFICATE	FILER			X				X				X	
VISA INC. CMN CLASS A	FILER			X				X				X	
VODAFONE GROUP PLC CMN	FILER				X			X	X				
WELLS FARGO & CO (NEW) CMN	FILER			X				X			X		
WOLTERS KLUWER CVA EURO.12 CMN	FILER			X				X	X				

# BONDS, NOTES & OTHER COMMERCIAL PAPER

## PART 3

NOT APPLICABLE

List all bonds, notes and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE

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

<b>1</b> DESCRIPTION OF INSTRUMENT	Promissory Note - J.W.Wood
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

DESCRIPTION OF INSTRUMENT	Promissory Note - Falcon Seaboard Diversified, Inc.
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

DESCRIPTION OF INSTRUMENT	Promissory Note - Dewhurst For Texas
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

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**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3** NOT APPLICABLE

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1 DESCRIPTION OF INSTRUMENT	Promissory Note - Steven Hopkins
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
3 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

DESCRIPTION OF INSTRUMENT	Promissory Note - Michael Hopkins
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

DESCRIPTION OF INSTRUMENT	Promissory Note - Tammy Dewhurst
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
IF SOLD <input type="checkbox"/> NET GAIN <input checked="" 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 checked="" type="checkbox"/> \$25,000--OR MORE

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# BONDS, NOTES & OTHER COMMERCIAL PAPER

## PART 3

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List all bonds, notes and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE

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

<b>1</b> DESCRIPTION OF INSTRUMENT	Kevin Moore Notes
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> IF SOLD	<input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS
	<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

DESCRIPTION OF INSTRUMENT	Christopher Dewhurst Note
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS
	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

DESCRIPTION OF INSTRUMENT	Don Nevins Notes
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS
	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

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# BONDS, NOTES & OTHER COMMERCIAL PAPER

## PART 3

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

<b>1</b> DESCRIPTION OF INSTRUMENT	Promissory Note - Buddy Barfield
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

DESCRIPTION OF INSTRUMENT	Promissory Note - Gene & Linda Dewhurst
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

DESCRIPTION OF INSTRUMENT	Promissory Note - David Dewhurst Foundation
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

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# BONDS, NOTES & OTHER COMMERCIAL PAPER

## PART 3

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List all bonds, notes and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE

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

<p><b>1</b> DESCRIPTION OF INSTRUMENT</p>	<p>Promissory Note - Donald Hopkins</p>
<p><b>2</b> HELD OR ACQUIRED BY</p>	<p><input checked="" type="checkbox"/> FILER      <input type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p><b>3</b> IF SOLD</p> <p><input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS</p>	<p><input checked="" type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000 - \$9,999    <input type="checkbox"/> \$10,000 - \$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# MUTUAL FUNDS

## PART 4

NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE  
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1 MUTUAL FUND	NAME	Goldman Sachs High Yield Muni Mutual Fund Class I
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE	
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE	

MUTUAL FUND	NAME	American Funds - Investment Co. America
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
NUMBER OF SHARES OF MUTUAL FUND	<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 checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE	

MUTUAL FUND	NAME	American Funds - Growth Fund of America
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
NUMBER OF SHARES OF MUTUAL FUND	<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 checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# MUTUAL FUNDS

## PART 4

NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE  
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<b>1 MUTUAL FUND</b>	NAME American Funds - Washington Mutual Investment Fund - A
<b>2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3 NUMBER OF SHARES OF MUTUAL FUND</b>	<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 checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
<b>4 IF SOLD</b> <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 SEE ATTACHED EXHIBIT B (1 PAGE EXHIBIT) FOR FURTHER DETAIL
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 Falcon Seaboard Investment Company, L.P.  109 NORTH POST OAK LANE SUITE 540 HOUSTON, TX 77024
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 TransOil Marketing, Inc.  P.O. Box 6697 Abilene, TX 79608
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

**INCOME FROM INTEREST, DIVIDENDS,  
ROYALTIES & RENTS - EXHIBIT B To David Dewhurst**  
Amended Personal Financial Statement

**PART 5**

All of the following dividends were obtained from funds managed by Goldman Sachs or Brandes Investment Partners. Addresses for each security are not available to the Filer.

SOURCE OF INCOME	RECEIVED BY	AMOUNT			
		\$500 - \$4,999	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000 - OR MORE
APPLIED MATERIALS INC	FILER	X			
BOEING COMPANY	FILER	X			
CARNIVAL CORPORATION	FILER	X			
CENTRAIS ELETRICAS BRASILEIRAS	FILER	X			
COMCAST CORPORATION	FILER	X			
DIEBOLD INCORPORATED	FILER	X			
ILLINOIS TOOL WORKS	FILER	X			
INTEL CORPORATION	FILER	X			
JPMORGAN CHASE & CO	FILER	X			
PORTUGAL TELECOM SGPS SA	FILER	X			
ROBERT HALF INTL INC	FILER	X			
SK TELECOM CO., LTD.	FILER	X			
TIFFANY & CO	FILER	X			
VODAFONE GROUP PLC	FILER	X			
WELLS FARGO & CO	FILER	X			

# 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.

<b>1 SOURCE OF INCOME</b>	NAME AND ADDRESS
	Silver Point Capital Fund, L.P.  Two Greenwich Plaza Greenwich, CT 06830
<b>2 RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>3 AMOUNT</b>	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

<b>SOURCE OF INCOME</b>	NAME AND ADDRESS
	Goldman, Sachs KMI Investors, L.P.  200 West Street New York, NY 10282
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

<b>SOURCE OF INCOME</b>	NAME AND ADDRESS
	Carribbean Real Estate Opportunity Fund 2005, L.P.  200 West Street New York, NY 10282
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" 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.

<b>1 SOURCE OF INCOME</b>	<b>NAME AND ADDRESS</b>
	David Dewhurst Investment Partnership, Ltd.  109 North Post Oak Lane Suite 540 Houston, TX 77024
<b>2 RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>3 AMOUNT</b>	<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

<b>SOURCE OF INCOME</b>	<b>NAME AND ADDRESS</b>
	FSI Management, LLC  109 North Post Oak Lane Suite 540 Houston, TX 77024
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<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

<b>SOURCE OF INCOME</b>	<b>NAME AND ADDRESS</b>
	Evergreen Charitable Remainder Unitrust  109 North Post Oak Lane Suite 540 Houston, TX 77024
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<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**

**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	<p style="text-align: right;">NAME AND ADDRESS</p> David Dewhurst Investment - I, Inc.  109 North Post Oak Lane Suite 540 Houston, TX 77024
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	<p style="text-align: right;">NAME AND ADDRESS</p> David Dewhurst Trust  109 North Post Oak Lane Suite 540 Houston, TX 77024
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	<p style="text-align: right;">NAME AND ADDRESS</p> Buddy Barfield  1606 Watchhill Road Austin, TX 78703
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
AMOUNT	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

# 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.

<b>1 SOURCE OF INCOME</b>	NAME AND ADDRESS
	Don Nevins  10011 Sunderland Street Santa Ana, CA 92705
<b>2 RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>3 AMOUNT</b>	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

<b>SOURCE OF INCOME</b>	NAME AND ADDRESS
	Gene & Linda Dewhurst  #3 Homewood Row Lane Houston, TX 77056
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

<b>SOURCE OF INCOME</b>	NAME AND ADDRESS
	J.W. Wood  17460 IH35 Schertz, TX 78154
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# 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.

<b>1 SOURCE OF INCOME</b>	NAME AND ADDRESS
	Goldman, Sachs Distressed Opportunities Fund IV, L.P.  200 West Street New York, NY 10282
<b>2 RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>3 AMOUNT</b>	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

<b>SOURCE OF INCOME</b>	NAME AND ADDRESS
	GS Capital Partners V  200 West Street New York, NY 10282
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<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

<b>SOURCE OF INCOME</b>	NAME AND ADDRESS
	Trilantic Capital Partners IV, L.P.  399 Park Avenue New York, NY 10022
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
<b>AMOUNT</b>	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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 Falcon Seaboard Diversified, Inc.  109 North Post Oak Lane Suite 540 Houston, TX 77024
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, 300 Convent, San Antonio, TX 78205
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	Falcon Seaboard Diversified, Inc.
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	Patricia Hamilton 1995 Investment Trust
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	Goldman Sachs, 1000 Louisiana Street, Houston, TX 77002
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 type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE 1122 Colorado Avenue #1003 Austin, TX 78701 Travis		
3 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Personal Residence		
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)			
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 checked="" 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 121 N. Post Oak Lane #2601 Houston, TX 77024 Harris		
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Personal Residence		
NAMES OF PERSONS RETAINING AN INTEREST <input checked="" 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.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 DESCRIPTION</b>	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (check if Filer's Home Address)  Golf Associates, Ltd.  512 East Blanco Road Suite 100 Boerne, TX 78006
<b>3 IF SOLD</b>	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>DESCRIPTION</b>	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (check if Filer's Home Address)  Golf Associates Group, Ltd.  P.O. Box 1109 Carefree, AZ 85377
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>DESCRIPTION</b>	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (check if Filer's Home Address)  Falcon Seaboard Diversified, Inc.  109 North Post Oak Lane Suite 540 Houston, TX 77024
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

**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.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 DESCRIPTION</b>	NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)  Falcon Seaboard Investment Co., L.P.  109 North Post Oak Lane Suite 540 Houston, TX 77024
<b>3 IF SOLD</b>	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE  <input type="checkbox"/> NET LOSS

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>DESCRIPTION</b>	NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)  GS Capital Partners V  200 West Street New York, NY 10282
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE  <input type="checkbox"/> NET LOSS

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>DESCRIPTION</b>	NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)  Goldman Sachs KMI Investors, L.P.  200 West Street New York, NY 10282
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE  <input type="checkbox"/> NET LOSS

**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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> David Dewhurst Investment Partnership, Ltd.  109 North Post Oak Lane Suite 540 Houston, TX 77024
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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> Trilantic Capital Partners IV, L.P.  399 Park Avenue New York, NY 10022
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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> Goldman Sachs Distressed Opportunities Fund IV, L.P.  200 West Street New York, NY 10282
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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> <p>Carribbean Real Estate Opportunity Fund 2005, L.P.</p> <p>200 West Street New York, NY 10282</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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> <p>Archon Core Plus Real Estate Fund 2005, L.P.</p> <p>200 West Street New York, NY 10282</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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> <p>Silver Point Capital Fund, L.P.</p> <p>Two Greenwich Plaza Greenwich, CT 06830</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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> <p>Taconic Opportunity Fund, L.P.</p> <p>450 Park Avenue New York, NY 10022</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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> <p>TCP Investment Fund II, L.P.</p> <p>1845 Woodall Rogers Parkway Dallas, TX 75201</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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)</p> <p>Evergreen Charitable Remainder Unitrust</p> <p>109 North Post Oak Lane Suite 540 Houston, TX 77024</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 style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (check if Filer's Home Address)  David Dewhurst Investment - I, Inc.  109 North Post Oak Lane Suite 540 Houston, TX 77024
3 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (check if Filer's Home Address)  FSI Management, LLC  109 North Post Oak Lane Suite 540 Houston, TX 77024
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (check if Filer's Home Address)  Falcon Seaboard Investment Pep II, Inc.  109 North Post Oak Lane Suite 540 Houston, TX 77024
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# TRUST INCOME

## PART 9

NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

<b>1 SOURCE</b>	NAME OF TRUST
	David Dewhurst Trust
<b>2 BENEFICIARY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3 INCOME</b>	<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
<b>4 ASSETS FROM WHICH OVER \$500 WAS RECEIVED</b>	Specific Assets & Income Reported Accordingly in Parts 2, 3, 4, 5, 7B, 11 A, & 11B.
<input type="checkbox"/> UNKNOWN	

<b>SOURCE</b>	NAME OF TRUST
	Evergreen Charitable Remainder Unitrust
<b>BENEFICIARY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>INCOME</b>	<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
<b>ASSETS FROM WHICH OVER \$500 WAS RECEIVED</b>	Specific Assets & Income Reported Accordingly in Parts 2, 3, 4, 5, 7B, 11A & 11B.
<input type="checkbox"/> UNKNOWN	

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**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) FSI Management, LLC 109 North Post Oak Lane Suite 540 Houston, TX 77024				
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="406 714 1023 756">DESCRIPTION</th> <th data-bbox="1023 714 1510 756">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="406 756 1023 871">None</td> <td data-bbox="1023 756 1510 871"> <input checked="" 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                 </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	None	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY				
None	<input checked="" 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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Evergreen Charitable Remainder Unitrust  109 North Post Oak Lane Suite 540 Houston, TX 77024				
<b>2 BUSINESS TYPE</b>	Trust				
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
<b>4 ASSETS</b>	<table border="1"> <thead> <tr> <th data-bbox="417 720 1036 751">DESCRIPTION</th> <th data-bbox="1036 720 1531 751">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="417 751 1036 869">None</td> <td data-bbox="1036 751 1531 869"> <input checked="" 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                 </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	None	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY				
None	<input checked="" 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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Falcon Seaboard Investment Co., L.P.  109 North Post Oak Lane Suite 540 Houston, TX 77024	
<b>2 BUSINESS TYPE</b>	Limited Partnership	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 ASSETS</b>	DESCRIPTION	CATEGORY
	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
	Private Equity Investments	<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
	Publicly Held Equities	<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
	100% Ownership in Falcon Seaboard Investment - PEP II, Inc. (C-Corp Subsidiary)	<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 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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) David Dewhurst Investment Partnership, Ltd.  109 North Post Oak Lane Suite 540 Houston, TX 77024	
<b>2 BUSINESS TYPE</b>	Limited Partnership	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 ASSETS</b>	DESCRIPTION	CATEGORY
	Cash	<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

**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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) David Dewhurst Investment - I, Inc.  109 North Post Oak Lane Suite 540 Houston, TX 77024				
<b>2 BUSINESS TYPE</b>	Corporation				
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
<b>4 ASSETS</b>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%; text-align: center;">DESCRIPTION</th> <th style="width:40%; text-align: center;">CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">None</td> <td> <input checked="" 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                         </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	None	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY				
None	<input checked="" 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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Falcon Seaboard Diversified, Inc.  109 North Post Oak Lane Suite 540 Houston, TX 77024	
<b>2 BUSINESS TYPE</b>	Corporation	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 ASSETS</b>	DESCRIPTION	CATEGORY
	Airplane	<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
	Private Equity Investments	<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
	Ranching & Land Investments	<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
	Oil & Gas Investments	<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	<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
	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
	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
Prepays	<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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# 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 (see previous)	<input type="checkbox"/> (Check if Filer's Home Address)
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION	CATEGORY
	Furniture & Fixtures	<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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) FSI Management, LLC 109 North Post Oak Lane Suite 540 Houston, TX 77024	
<b>2 BUSINESS TYPE</b>	Corporation	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 LIABILITIES</b>	DESCRIPTION None	CATEGORY <input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

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# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11B

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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Evergreen Charitable Remainder Unitrust  109 North Post Oak Lane Suite 540 Houston, TX 77024	
<b>2 BUSINESS TYPE</b>	Trust	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 LIABILITIES</b>	DESCRIPTION None	CATEGORY <input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

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# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11B

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Describe all liabilities of each 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	<p style="text-align: center;">NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>Falcon Seaboard Investment Co., L.P.</p> <p>109 North Post Oak Lane Suite 540 Houston, TX 77024</p>				
2 BUSINESS TYPE	Limited Partnership				
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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">DESCRIPTION</th> <th style="width: 40%;">CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">None</td> <td> <input checked="" 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 </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	None	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY				
None	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE				

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11B

NOT APPLICABLE

Describe all liabilities of each 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.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) David Dewhurst Investment Partnership, Ltd.  109 North Post Oak Lane Suite 540 Houston, TX 77024	
<b>2 BUSINESS TYPE</b>		
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 LIABILITIES</b>	DESCRIPTION None	CATEGORY <input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

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<p>1 BUSINESS ASSOCIATION</p>	<p>NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>David Dewhurst Investments - I, Inc.</p> <p>109 North Post Oak Lane Suite 540 Houston, TX 77024</p>				
<p>2 BUSINESS TYPE</p>	<p>Corporation</p>				
<p>3 HELD, ACQUIRED, OR SOLD BY</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>				
<p>4 LIABILITIES</p>	<table border="1"> <thead> <tr> <th data-bbox="414 720 1031 745">DESCRIPTION</th> <th data-bbox="1031 720 1526 745">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="414 745 1031 871">None</td> <td data-bbox="1031 745 1526 871"> <input checked="" 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                 </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	None	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY				
None	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE				

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11B

NOT APPLICABLE

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

<b>1 BUSINESS ASSOCIATION</b>	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>Falcon Seaboard Diversified, Inc. 109 North Post Oak Lane Suite 540 Houston, TX 77024</p>						
<b>2 BUSINESS TYPE</b>	Corporation						
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____						
<b>4 LIABILITIES</b>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%; text-align: center;">DESCRIPTION</th> <th style="text-align: center;">CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="border-right: 1px dashed black;">Accounts Payable &amp; Accrued Liabilities</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 style="border-right: 1px dashed black;">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 & Accrued Liabilities	<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 & Accrued Liabilities	<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						

**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	David Dewhurst Foundation
2 POSTITION HELD	Trustee
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	American Quarter Horse Association
POSTITION HELD	Honorary Vice President
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Jewish Institute For National Security Affairs
POSTITION HELD	Vice President - Leadership Group
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Foundation Board of the Bob Bullock Texas State History Museum
POSTITION HELD	Member, Board of Trustees
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Texas Cultural Trust Council
POSTITION HELD	Member, Board of Directors
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" 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	Health Museum in Houston
2 POSTITION HELD	Member, Board of Directors
3 POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Friends of Nursing Board of St. Luke's Hospital
POSTITION HELD	Member, Board of Directors
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	MD Anderson Board of Visitors
POSTITION HELD	Associate Member, Board of Directors
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Association Of Women In Energy
POSTITION HELD	Member, Board of Directors
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
ORGANIZATION	Texas Children's Leadership Cabinet
POSTITION HELD	Member, Advisory Board
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" 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

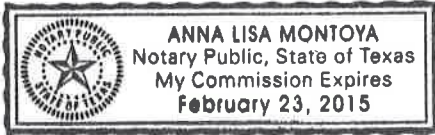
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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.

*David Newhurst*

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by David Newhurst this the 29 day of April, 2013, to certify which, witness my hand and seal of office.

*Anna Lisa Montoya*  
Signature of officer administering oath

Annalisa Montoya  
Printed name of officer administering oath

notary Public  
Title of officer administering oath