

# PERSONAL FINANCIAL STATEMENT

## FORM PFS COVER SHEET

Filed in accordance with chapter 572 of the Government Code. ✓  
 For filings required in 2014, covering calendar year ending December 31, **2013**.  
 Use FORM PFS - INSTRUCTION GUIDE when completing this form.

PAGE # Page 1 of 13

ACCOUNT # 00064029

### OFFICE USE ONLY

Date Received

# RECEIVED

## JAN 23 2014

### Texas Ethics Commission

Receipt #

HD (PM) 01/21 Amount

Legal

Date Processed

# PROCESSED JAN 23 2014

Date Imaged

#### 1 NAME

TITLE, FIRST, MI  
 Ms. Stefani  
 .....  
 NICKNAME, LAST, SUFFIX  
 Carter

#### 2 ADDRESS

P.O. Box 515461  
 Dallas, TX 75251

(CHECK IF FILER'S HOME ADDRESS)

#### 3 TELEPHONE NUMBER

AREA CODE NUMBER, EXTENSION  
 (214) 714-1011

#### 4 REASON FOR FILING STATEMENT

- CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ELECTED OFFICER State Representative (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.

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**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

R: 601191

# 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.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)  Stefani Carter & Associates, LLC  PMB 111 15707C Coit Road Dallas, TX 75248  Attorney
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION  Law

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)  State of Texas  Austin, TX 78768  State Representative
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION  Government

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)  De Novo Legal LLC  501 Kansas City Kansas City, KS 66105  Legal
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION  Law

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# RETAINERS

# PART 1B

NOT APPLICABLE

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a 'substantial interest') for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, see FORM PFS - INSTRUCTION GUIDE

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

<p>1 FEE RECEIVED FROM</p>	<p>NAME AND ADDRESS</p> <p>Ashford Hospitality Prime, Inc.</p> <p>14185 Dallas Parkway Suite 1100 Dallas, TX 75254</p>
<p>2 FEE RECEIVED BY</p>	<p>NAME OF BUSINESS</p> <p><input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____</p> <p><input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____</p> <p><input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____</p>
<p>3 FEE AMOUNT</p>	<p><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</p>

**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 Ashford Hospitality Prime, 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 checked="" 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

**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	Citibank
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	Harvard University
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input checked="" type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

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

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

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN 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)  Ashford Hospitality Prime, Inc.  14185 Dallas Parkway Suite 1100 Dallas, TX 75254
<b>3 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

<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)  Stefani Carter & Associates, LLC  PMB 111 15707C Coit Road Dallas, TX 75248
<b>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**

**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) Stefani Carter & Associates, LLC  PMB 111 15707C Coit Road Dallas, TX 75248				
2 BUSINESS TYPE	Law Firm				
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="391 716 1008 751">DESCRIPTION</th> <th data-bbox="1008 716 1513 751">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="391 751 1008 869">General Office Equipment</td> <td data-bbox="1008 751 1513 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	General Office Equipment	<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				
General Office Equipment	<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**



**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	Ashford Hospitality Prime, Inc.
2 POSTITION HELD	Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**FEES RECEIVED FOR SERVICES RENDERED  
TO A LOBBYIST OR LOBBYIST'S EMPLOYER****PART 15** NOT APPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

**1 PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED**

Miller, Robert (Mr.)

**2 FEE CATEGORY**

LESS THAN \$5,000    \$5,000 - \$9,999    \$10,000 - \$24,999    \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

## 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

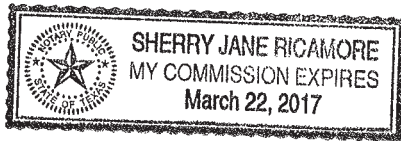
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, **2013**, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

*Stephanie Carter*  
\_\_\_\_\_  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me by Stephanie Danielle Carter this the 21 day of January, 2014, to certify which, witness my hand and seal of office.

*Sherry Jane Ricamore*      Sherry Jane Ricamore      Manager  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath