PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

COVER SHEET
PAGE 1

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2021, covering calendar year ending December 31, 2020.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

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- ◯ APPOINTED OFFICER ______ (INDICATE AGENCY)
- ◯ EXECUTIVE HEAD ______ (INDICATE AGENCY)
- ◯ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ◯ STATE PARTY CHAIR ______ (INDICATE PARTY)
- ◯ OTHER ______ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE ______

DEPENDENT CHILD 1. ______

2. ______

3. ______

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☐ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☐ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☐ N/A Part 8 - Gifts
- ☐ N/A Part 9 - Trust Income
- ☐ N/A Part 10A - Blind Trusts
- ☐ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Ownership of Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☐ N/A Part 11C - 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
- ☐ N/A Part 19 - Contracts with Governmental Entity
- ☐ N/A Part 20 - Bond Counsel Services Provided by a Legislator

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SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

1 INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
2 EMPLOYMENT ◯ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address)
◯ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
EMPLOYMENT ◯ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address)
◯ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
EMPLOYMENT ◯ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address)
◯ SELF-EMPLOYED	NATURE OF OCCUPATION

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RETAINERS

PART 1B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS ______ ☐ SPOUSE OR SPOUSE'S BUSINESS ______ ☐ DEPENDENT CHILD ______ OR CHILD'S BUSINESS ______
3 FEE AMOUNT	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS ☐ FILER OR FILER'S BUSINESS ______ ☐ SPOUSE OR SPOUSE'S BUSINESS ______ ☐ DEPENDENT CHILD ______ OR CHILD'S BUSINESS ______
FEE AMOUNT	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

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STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 BUSINESS ENTITY	NAME
2 STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
3 NUMBER OF SHARES	○ LESS THAN 100 ○ 100 TO 499 ○ 500 TO 999 ○ 1,000 TO 4,999 ○ 5,000 TO 9,999 ○ 10,000 OR MORE
4 IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
NUMBER OF SHARES	○ LESS THAN 100 ○ 100 TO 499 ○ 500 TO 999 ○ 1,000 TO 4,999 ○ 5,000 TO 9,999 ○ 10,000 OR MORE
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
NUMBER OF SHARES	○ LESS THAN 100 ○ 100 TO 499 ○ 500 TO 999 ○ 1,000 TO 4,999 ○ 5,000 TO 9,999 ○ 10,000 OR MORE
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
NUMBER OF SHARES	○ LESS THAN 100 ○ 100 TO 499 ○ 500 TO 999 ○ 1,000 TO 4,999 ○ 5,000 TO 9,999 ○ 10,000 OR MORE
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
NUMBER OF SHARES	○ LESS THAN 100 ○ 100 TO 499 ○ 500 TO 999 ○ 1,000 TO 4,999 ○ 5,000 TO 9,999 ○ 10,000 OR MORE
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

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BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 DESCRIPTION OF INSTRUMENT	
2 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
3 IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

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MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 MUTUAL FUND	NAME
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
3 NUMBER OF SHARES OF MUTUAL FUND	◯ LESS THAN 100 ◯ 100 TO 499 ◯ 500 TO 999 ◯ 1,000 TO 4,999 ◯ 5,000 TO 9,999 ◯ 10,000 OR MORE
4 IF SOLD ◯ NET GAIN ◯ NET LOSS	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
NUMBER OF SHARES OF MUTUAL FUND	◯ LESS THAN 100 ◯ 100 TO 499 ◯ 500 TO 999 ◯ 1,000 TO 4,999 ◯ 5,000 TO 9,999 ◯ 10,000 OR MORE
IF SOLD ◯ NET GAIN ◯ NET LOSS	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
NUMBER OF SHARES OF MUTUAL FUND	◯ LESS THAN 100 ◯ 100 TO 499 ◯ 500 TO 999 ◯ 1,000 TO 4,999 ◯ 5,000 TO 9,999 ◯ 10,000 OR MORE
IF SOLD ◯ NET GAIN ◯ NET LOSS	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS — PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

List each source of income you, your spouse, or a dependent child received *in excess of $900* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

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

1 SOURCE OF INCOME ☐ Publicly held corporation	NAME AND ADDRESS
2 RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
3 AMOUNT	○ $900 - $8,929 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

SOURCE OF INCOME ☐ Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
AMOUNT	○ $900 - $8,929 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

SOURCE OF INCOME ☐ Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
AMOUNT	○ $900 - $8,929 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability *of more than $1,790* 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	
2 LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
3 GUARANTOR	
4 AMOUNT	○ $1,790 - $8,929 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
GUARANTOR	
AMOUNT	○ $1,790 - $8,929 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
GUARANTOR	
AMOUNT	○ $1,790 - $8,929 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

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INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
2 STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
3 DESCRIPTION ○ LOTS ○ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ○ LOTS ○ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
3 IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ○ NET GAIN ○ NET LOSS	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

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GIFTS

PART 8

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify any person or organization that has given a gift *worth more than $450* to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

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

1 DONOR	NAME AND ADDRESS
2 RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
DESCRIPTION OF GIFT	

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TRUST INCOME

PART 9

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify each 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 $900*, if the identity of the asset is known. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

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

1 SOURCE	NAME OF TRUST
2 BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
3 INCOME	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
4 ASSETS FROM WHICH OVER $900 WAS RECEIVED ☐ UNKNOWN	

SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
INCOME	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
ASSETS FROM WHICH OVER $900 WAS RECEIVED ☐ UNKNOWN	

SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
INCOME	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
ASSETS FROM WHICH OVER $900 WAS RECEIVED ☐ UNKNOWN	

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BLIND TRUSTS

PART 10A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify each blind trust that complies with section 572.023(c) of the Government Code. *See* FORM PFS--INSTRUCTION GUIDE.

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

1 NAME OF TRUST	
2 TRUSTEE	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
3 BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
4 FAIR MARKET VALUE	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
5 DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
FAIR MARKET VALUE	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
DATE CREATED	

NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
FAIR MARKET VALUE	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
DATE CREATED	

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TRUSTEE STATEMENT

PART 10B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

1 NAME OF TRUST	
2 TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4 TRUSTEE STATEMENT	I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code. ______________________________ Trustee Signature

§ 572.023. Contents of Financial Statement in General

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of $500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet and ***DO NOT include this page in the report.***

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

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

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (check if Filer's Home Address)
2 BUSINESS TYPE	○ Corporation ○ Firm ○ Partnership ○ Limited Partnership ○ Limited Liability Partnership ○ Professional Corporation ○ Professional Association ○ Joint Venture ○ Other ________
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________

BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (check if Filer's Home Address)
BUSINESS TYPE	○ Corporation ○ Firm ○ Partnership ○ Limited Partnership ○ Limited Liability Partnership ○ Professional Corporation ○ Professional Association ○ Joint Venture ○ Other ________
HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________

BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (check if Filer's Home Address)
BUSINESS TYPE	○ Corporation ○ Firm ○ Partnership ○ Limited Partnership ○ Limited Liability Partnership ○ Professional Corporation ○ Professional Association ○ Joint Venture ○ Other ________
HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________

BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (check if Filer's Home Address)
BUSINESS TYPE	○ Corporation ○ Firm ○ Partnership ○ Limited Partnership ○ Limited Liability Partnership ○ Professional Corporation ○ Professional Association ○ Joint Venture ○ Other ________
HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________

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ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
2 BUSINESS TYPE	
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______

4 ASSETS	DESCRIPTION	CATEGORY
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
		○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE

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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
2 BUSINESS TYPE	
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ________
4 LIABILITIES	

DESCRIPTION	CATEGORY
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE
	○ LESS THAN $8,930 ○ $8,930--$17,859 ○ $17,860--$44,629 ○ $44,630 OR MORE

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BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

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

1 ORGANIZATION	
2 POSITION HELD	
3 POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______

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EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS
2 AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

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INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 14

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
2 INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
BUSINESS ENTITY	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
BUSINESS ENTITY	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
BUSINESS ENTITY	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
BUSINESS ENTITY	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______

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

PART 15

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

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

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
2 FEE CATEGORY	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	◯ LESS THAN $8,930 ◯ $8,930 - $17,859 ◯ $17,860 - $44,629 ◯ $44,630 OR MORE

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS--INSTRUCTION GUIDE.

Note: Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

1 STATE AGENCY	
2 PERSON REPRESENTED	
3 FEE CATEGORY	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	○ LESS THAN $8,930 ○ $8,930 - $17,859 ○ $17,860 - $44,629 ○ $44,630 OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over $50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS
2 BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

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LEGISLATIVE CONTINUANCES

PART 18

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

This section applies only to members of the Texas Legislature. Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

1 NAME OF PARTY REPRESENTED	
2 DATE RETAINED	
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION	
4 DATE OF CONTINUANCE APPLICATION	
5 WAS CONTINUANCE GRANTED?	○ YES ○ NO

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet and ***DO NOT include this page in the report.***

List the parties to all contracts in the amount of $2,500 or more if the aggregate of good or services sold under all written contracts exceeds $10,000 in which you, your spouse, or a dependent child, or any business entity of which you, your spouse, or a dependent child, independently or in conjunction with, has at least 50% ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

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

1 FILER PARTIES	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ______
2 GOVERNMENTAL PARTIES	NAME AND ADDRESS ○ GOVERNMENTAL ENTITY ○ CONTRACTOR FOR GOVERNMENTAL ENTITY ______ NAME AND ADDRESS ○ GOVERNMENTAL ENTITY ○ CONTRACTOR FOR GOVERNMENTAL ENTITY ______ NAME AND ADDRESS ○ GOVERNMENTAL ENTITY ○ CONTRACTOR FOR GOVERNMENTAL ENTITY ______
3 BUSINESS PARTIES	NAME AND ADDRESS ☐ (Check if Filer's Home Address) ☐ NAME AND ADDRESS (Check if Filer's Home Address) ☐ NAME AND ADDRESS (Check if Filer's Home Address)

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BOND COUNSEL SERVICES PROVIDED BY A LEGISLATOR

PART 20

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet and ***DO NOT include this page in the report.***

Identify each issuance for which you served as bond counsel. For more information, see FORM PFS - INSTRUCTION GUIDE.

1 ISSUER NAME	
2 ISSUANCE DATE	
3 ISSUANCE AMOUNT	
4 FEES PAID TO FILER ◯ YES ◯ NO	◯ LESS THAN $5,000 ◯ $5,000 - $9,999 ◯ $10,000 - $24,999 ◯ $25,000 OR MORE
5 FEES PAID TO FILER'S FIRM ◯ YES ◯ NO	NAME AND ADDRESS OF FIRM ☐ (Check If Filer's Home Address) ◯ LESS THAN $5,000 ◯ $5,000 - $9,999 ◯ $10,000 - $24,999 ◯ $25,000 OR MORE
ISSUER NAME	
ISSUANCE DATE	
ISSUANCE AMOUNT	
FEES PAID TO FILER ◯ YES ◯ NO	◯ LESS THAN $5,000 ◯ $5,000 - $9,999 ◯ $10,000 - $24,999 ◯ $25,000 OR MORE
FEES PAID TO FILER'S FIRM ◯ YES ◯ NO	NAME AND ADDRESS OF FIRM ☐ (Check If Filer's Home Address) ◯ LESS THAN $5,000 ◯ $5,000 - $9,999 ◯ $10,000 - $24,999 ◯ $25,000 OR MORE
ISSUER NAME	
ISSUANCE DATE	
ISSUANCE AMOUNT	
FEES PAID TO FILER ◯ YES ◯ NO	◯ LESS THAN $5,000 ◯ $5,000 - $9,999 ◯ $10,000 - $24,999 ◯ $25,000 OR MORE
FEES PAID TO FILER'S FIRM ◯ YES ◯ NO	NAME AND ADDRESS OF FIRM ☐ (Check If Filer's Home Address) ◯ LESS THAN $5,000 ◯ $5,000 - $9,999 ◯ $10,000 - $24,999 ◯ $25,000 OR MORE

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PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2020, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

____

Signature of Filer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by ____ this the _______ day of ________________,

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

____

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is ____, and my date of birth is ____________________________.

My address is ____, __________________, _______, __________, ______________.

(street) (city) (state) (zip code) (country)

Executed in __________________ County, State of _____________ , on the _______ day of ______________, 20______.

(month) (year)

____

Signature of Registrant (Declarant)