Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

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.

TOTAL NUMBER OF PAGES FILED: 8

ACCOUNT # 58870

OFFICE USE ONLY

Date Received: RECEIVED JAN 28 2014 Texas Ethics Commission

Receipt #

HD / PM 1-31-14 Amount

PROCESSED JAN 28 2014

Date Imaged

1 NAME

TITLE; FIRST; MI: MR. PHILIP S.

NICKNAME; LAST; SUFFIX: PHIL KURTZ

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: PO BOX 8164, KATY, TX 77491

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION: (281) 574-4652

4 REASON FOR FILING STATEMENT

☑ CANDIDATE TEXAS STATE SENATE D17 (INDICATE OFFICE)

☐ ELECTED OFFICER _____ (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 (see instructions).

SPOUSE VICTORIA M. KURTZ

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding 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 (see instructions).

8 **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY** R: 601973

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 - 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

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)

WYATT FIELD SERVICES
8100 KEMPWOOD #100
HOUSTON, TX 77040

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

STRATEGIC BUSINESS CONSULTANT

INFORMATION RELATES TO

☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____

EMPLOYMENT

☑ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ (Check If Filer's Home Address)

PRIMROSE SCHOOLS
21480 PARK ROW
KATY, TX 77449

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

CLERICAL

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 ASTC	NAME ASTROTECH CORPORATION	
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 $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY BPY S	NAME BODY SCAN CORP.	
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 $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
BUSINESS ENTITY FONR	NAME FONAR CORPORATION	
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 $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--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 $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--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 $5,000	☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--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 $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 RENT	NAME AND ADDRESS DEE'S 3406 MAGNOLIA CT HOUSTON TX 77082
2 RECEIVED BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
AMOUNT	☐ $500--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 3406 WINGDALE CT HOUSTON TX 77082
3 DESCRIPTION ☑ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED RESIDENTIAL SFH. HARRIS COUNTY
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--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 $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--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 PROPERTY MANAGEMENT	NAME AND ADDRESS ☐ (Check If Filer's Home Address) NEW 2U HOMES P.O. BOX 8164 KATY, TX 77491
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--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 $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--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 $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

Signature of Filer

NATALIE D FOSTER
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-27-15

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Philip S. Kurtz, this the 21 day of January, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Natalie D. Foster	Personal Banker Notary Public