Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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.

ACCOUNT # 69862

1 NAME

TITLE, FIRST, MI
Mr. Ulises

NICKNAME, LAST, SUFFIX
Cabrera

2 ADDRESS

1801 Wells Branch Parkway
#806
Austin, TX 78728

☒ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE NUMBER; EXTENSION
(562) 786-9079

OFFICE USE ONLY

Date Received HAND DELIVERED RECEIVED JAN 21 2014 Texas Ethics Commission

Receipt # HD / PM 1/21 Amount

Legal

Date Processed PROCESSED JAN 21 2014

Date Imaged

4 REASON FOR FILING STATEMENT

☒ CANDIDATE General Land Commisioner (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 (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 None

DEPENDENT CHILD 1. None

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.

4 **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY** R: 600751

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) DentaQuest 11044 Research Blvd. Austin, TX 78759 Customer Care Representative
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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

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PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verfied. The verfication 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.

Ulises Cabrera

Signature of Filer

MARILYN E. LANGSTON
Notary Public, State of Texas
My Commission Expires
JULY 9, 2015

Notary without Bond

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Ulises Cabrera this the 21st day of January, 20 14, 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
Marilyn E. Langston	Marilyn E. Langston	Notary