

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2016, covering calendar year ending December 31, 2015.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
19

ACCOUNT #
00019652

1 NAME	TITLE; FIRST; MI The Honorable Greg	OFFICE USE ONLY	
	NICKNAME; LAST; SUFFIX Abbott		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP Post Office Box 308 Austin, TX 78767	Date Received ELECTRONICALLY FILED 06/20/2016	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
		HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 477-2002	Date Imaged	

4 REASON FOR FILING STATEMENT	<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input checked="" type="checkbox"/> ELECTED OFFICER <u>Governor</u> (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

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

SPOUSE Cecilia Abbott

DEPENDENT CHILD 1. Audrey Abbott

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).

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	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Office of the Attorney General ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12548 Austin, TX 78711-2548 POSITION HELD Attorney General <hr/> NATURE OF OCCUPATION <input type="checkbox"/> SELF-EMPLOYED

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) EMPLOYER Office of the Governor ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12428 Austin, TX 78711-2428 POSITION HELD Governor <hr/> NATURE OF OCCUPATION <input type="checkbox"/> SELF-EMPLOYED

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>1</u>
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Camp Waldemar ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1005 FM 1340 Hunt, TX 78024 POSITION HELD Camp Counselor <hr/> NATURE OF OCCUPATION <input type="checkbox"/> SELF-EMPLOYED

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			
	PIMCO ENHANCED SHORT MATURITY ETF			
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 checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN			
	<input checked="" 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

BUSINESS ENTITY	NAME			
	PROSHARES TRUST ULTRASHORT S&P 500 ETF			
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 checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN			
	<input checked="" 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

BUSINESS ENTITY	NAME			
	PROSHARES ULTRASHORT LEHMAN 20+ YEAR TRESURY ETF			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input checked="" 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"/> LESS THAN 10K	<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			
	VANGUARD SHORT-TERM BOND ETF			
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 checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
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

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.

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1 BUSINESS ENTITY		NAME			
		ISHARES CORE S&P 500 ETF			
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 checked="" 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"/> LESS THAN 10K	<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			
		ISHARES CORE U.S. AGGREGATE BOND ETF			
STOCK HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES		<input checked="" 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"/> LESS THAN 10K	<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			
		VANGUARD SHORT-TERM CORPORATE BOND ETF			
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 checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> LESS THAN 10K	<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			
		DISNEY			
STOCK HELD OR ACQUIRED BY		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>1</u> _____	
NUMBER OF SHARES		<input checked="" 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"/> LESS THAN 10K	<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 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 AMG MANAGERS SHORT DURATION GOVERNMENT BOND			
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 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 checked="" 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

MUTUAL FUND	NAME FIDELITY MUNICIPAL INCOME FUND			
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 checked="" 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		
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

MUTUAL FUND	NAME PIMCO STOCKPLUS SHORT FUND			
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 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 checked="" 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

MUTUAL FUND	NAME AMERICAN CENTURY ALTERNATIVES MARKET NEUTRAL VALUE FUND			
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 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		
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 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.

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1 MUTUAL FUND	NAME BLACKROCK 20/80 TARGET ALLOCATION FUND			
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 DOUBLELINE TOTAL RETURN BOND FUND			
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 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		
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 FIDELITY FLOATING RATE HIGH INCOME FUND			
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 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		
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 FIDELITY LIMITED TERM BOND FUND			
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 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		
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 FUNDS

PART 4

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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			
	FIDELITY MUNICIPAL MONEY MARKET FUND			
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 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		
4 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

MUTUAL FUND	NAME			
	FIRST EAGLE GLOBAL FUND			
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 checked="" 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 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			
	FMI INTERNATIONAL FUND			
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 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		
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			
	JAMES BALANCED GOLDEN RAINBOW FUND			
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 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		
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 FUNDS

PART 4

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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			
	MATTHEWS ASIA DIVIDEND FUND			
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			
	MERGER FUND			
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 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		
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			
	METWEST UNCONSTRAINED BOND FUND			
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 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		
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			
	NUVEEN REAL ASSET INCOME FUND			
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 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		
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 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 OPPENHEIMER ROCHESTER SHORT TERM MUNICIPAL FUND			
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 type="checkbox"/> 100 TO 499	<input checked="" 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 PIMCO DIVIDEND & INCOME BUILDER FUND			
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 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		
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 FIDELITY SPARTAN TOTAL MARKET INDEX FUND			
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 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		
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 TEMPLETON GLOBAL BOND FUND			
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 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		
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 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 TEMPLETON GLOBAL TOTAL RETURN FUND			
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 PIMCO INCOME FUND			
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 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		
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 THORNBURG LIMITED TERM INCOME FUND			
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 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		
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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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 \$1,000 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	Wells Fargo Financial Bank
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" 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	PLAINS CAPITAL BANK
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" 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	Chrysler Capital
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	Public Storage
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" 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

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	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2601 Wooldridge Austin, TX 78703
3 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Travis
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Plains capital Bank
5 IF SOLD <input checked="" 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 checked="" type="checkbox"/> \$25,000--OR MORE

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 \$250 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 Rush, Marvin (Mr.) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 555 IH 35 South Suite 500 New Braunfels, TX 78130
2 RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>1</u> _____
3 DESCRIPTION OF GIFT	Transportation, lodging, and hunting on hunting trip

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	Abbott Blind Trust
2 TRUSTEE	NAME AND ADDRESS Austin Trust Company, Austin Trust Company ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 336 S. Congress Ave. Suite 100 Austin, TX 78704-1265
3 BENEFICIARY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 FAIR MARKET VALUE	<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
5 DATE CREATED	12/12/2014

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	Abbott Blind Trust
2 TRUSTEE NAME	Austin Trust Company, Austin Trust Company
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME Abbott, Greg (The Honorable)
4 TRUSTEE STATEMENT	<p>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.</p> <p>_____</p> <p>Trustee Signature</p>

§ 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.

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	University of St. Thomas
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Alzheimer's Association -- Capitol of Texas Chapter
POSITION HELD	Board of Directors
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Darrell K Royal Research Fund for Alzheimer's Disease
POSITION HELD	Board of Advisors
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Holy Trinity Seminary -- Dallas
POSITION HELD	Board of Directors
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Huston-Tillotson University Board of Trustees
POSITION HELD	Member
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	St. Gabriel's Catholic School Board
POSITION HELD	Board of Directors
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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	Diocesan School Advisory Board--Diocese of Austin
2 POSITION HELD	Board Member
3 POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
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

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission 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.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2015, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Greg Abbott

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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