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 # 14

ACCOUNT # 00068043

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
02/09/2016

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
The Honorable Donna

NICKNAME; LAST; SUFFIX
Bahorich

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
P.O. Box 79842

Houston, TX 77279

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(832) 303-9091

4 REASON FOR FILING STATEMENT

- ☒ CANDIDATE State Board of Education (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 Michael Bahorich

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).

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

☐ SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

EMPLOYER

Apache Corporation

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2000 Post Oak

Houston, TX 77056

POSITION HELD

Executive Vice President

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD ____

EMPLOYMENT

☒ EMPLOYED BY ANOTHER

☐ SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☒ (Check if Filer's Home Address)

EMPLOYER

Global Geophysical

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

13927 South Gessner Rd

Missouri City, TX 77489

POSITION HELD

Board of Directors

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD ____

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

☒ SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

EMPLOYER

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

POSITION HELD

NATURE OF OCCUPATION

Oil and Gas Consulting

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: Global Geophysical
2	STOCK HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [X] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [X] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

	BUSINESS ENTITY	NAME: Apache Corp
	STOCK HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [X] 10,000 OR MORE
	IF SOLD [ ] NET GAIN [X] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

	BUSINESS ENTITY	NAME: Sigma Cubed
	STOCK HELD OR ACQUIRED BY	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [X] 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: CONOCOPHILLIPS COP
	STOCK HELD OR ACQUIRED BY	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
	NUMBER OF SHARES	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [X] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 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

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 OCCIDENTAL PETROL CO
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 ☐ LESS THAN 10K ☐ 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

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 nformation, 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 Apache 401K, Retirement, Non-Qualified plans
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 $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

	MUTUAL FUND	NAME Morgan Stanley Roth IRA
	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 $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

	MUTUAL FUND	NAME Morgan Stanley Roth IRA
	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 $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000--OR MORE

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	NAME AND ADDRESS Starfish Management ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1198 Jones-Butler Road #505 College Station, TX 77840
2 RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 AMOUNT	[ ] $500 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Bolsover Properties ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1914 Dunstan Houston, TX 77005
RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[ ] $500 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Apache Corporation ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2000 Post Oak Blvd, Ste. 100 Houston, TX 77056
RECEIVED BY	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[ ] $500 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS B&A Partners ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1723 Bolsover Houston, TX 77005
RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[X] $500 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

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	Merrill Lynch/PHH Mortgage Svcs
2 LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $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	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 12 Dunnam Lane Houston, TX 77024
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Harris
4 NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD [X] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
STREET ADDRESS [ ] NOT AVAILABLE [X] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 152 Radney Rd Houston, TX 77024
DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Harris
NAMES OF PERSONS RETAINING AN INTEREST [X] 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

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	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1198 Jones-Butler Rd #505 College Station, TX 77845
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Brazos
4 NAMES OF PERSONS RETAINING AN INTEREST [X] 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

INTEREST 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	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS [X] (Check if Filer's Home Address) MBE Associates LLC 152 Radney Rd Houston, TX 77024
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	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS [X] (Check if Filer's Home Address) MBE Enterprises LP 152 Radney Rd Houston, TX 77024
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

ASSETS 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 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 [X] (Check If Filer's Home Address) MBE Enterprises LP 152 Radney Rd Houston, TX 77024
2	BUSINESS TYPE	Investment
3	HELD, ACQUIRED, OR SOLD BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
4	ASSETS	DESCRIPTION: Apache stock CATEGORY: [ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000 OR MORE

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	Global Geophysical
2 POSITION HELD	Board of Directors
3 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Apache Corporation
POSITION HELD	Executive Vice President
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	MBE Associates LLC
POSITION HELD	President
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	MBE Associates LLC
POSITION HELD	Secretary-Treasurer
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	MBE Enterprises LP
POSITION HELD	General Partner
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	MBE Enterprises LP
POSITION HELD	General Partner
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

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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
- [X] N/A Part 1B - Retainers
- [ ] N/A Part 2 - Stock
- [X] 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
- [X] N/A Part 8 - Gifts
- [X] N/A Part 9 - Trust Income
- [X] N/A Part 10A - Blind Trusts
- [X] N/A Part 10B - Trustee Statement
- [ ] N/A Part 11A - Assets of Business Associations
- [X] N/A Part 11B - Liabilities of Business Associations
- [ ] N/A Part 12 - Boards and Executive Positions
- [X] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [X] N/A Part 14 - Interest in Business in Common with Lobbyist
- [X] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [X] N/A Part 16 - Representation by Legislator Before State Agency
- [X] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [X] N/A Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Donna Bahorich

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