051011

Personal Financial Statement For Candidates And Municipal Officers As Required By Texas Local Government Code Chapter 145

For Filings required in 2005, covering calendar year ending December 31, 2004.

RECEIVED
2005 MAR 28 PM 2:57
CITY SECRETARY
DALLAS, TEXAS

Name: Donald W. Hill
First Middle Initial Last

Title: Dallas City Council, District 5

Address: [redacted]
Dallas, Tx 75232

Telephone No: 214

Reason for filing statement:

____ Candidate_____(indicate place or office)

____ Elected Officer Dallas City Council (indicate place or office)

____ Appointed Officer_____(indicate place or office)

____ City Manager

____ City Attorney

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 Vivian Hill

Dependent Child (1)_____

Dependent Child (2)_____

Dependent Child (3)_____

In Parts 1 through 15 of the attached Personal Financial Statement *form, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10, 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.*

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

GOVERNMENT EXHIBIT
3253
3:07-CR-0289-M

Received by City Secretary
Filer's Signature_____
Date_____

051011

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 2005, covering calendar year ending December 31, 2004.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

OFFICE USE ONLY

Date Received

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI: Donald W.

NICKNAME; LAST; SUFFIX: Hill

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: [redacted]

Dallas, TX 75232

3 TELEPHONE NUMBER

AREA CODE: (214)

PHONE NUMBER; EXTENSION: 943-0012 374-1085

4 REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☐ ELECTED OFFICER Dallas, City Council, Dist 5 (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 Vivian Hill

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 19, 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 if you had actual control over that person's financial activity.

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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 ☑ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Attorney NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Dallas Independent School District 3700 Ross Avenue Dallas, TX NATURE OF OCCUPATION Teacher
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD city of Dallas 1500 Marilla 5FN Dallas, TX 75201 NATURE OF OCCUPATION

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RETAINERS

PART 1B

☐ NOT APPLICABLE

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 On Target Supplies and Logistics 1133 S. Madison Ave. Dallas, TX 75208
2 FEE RECEIVED BY	NAME OF BUSINESS ☑ FILER OR FILER'S BUSINESS Bart Barr and Associates ☐ SPOUSE OR SPOUSE'S BUSINESS _____ ☐ DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	☑ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS [redacted]
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 $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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STOCK

PART 2

☐ NOT APPLICABLE

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	Cisco Systems
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	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

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

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BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

☒ NOT APPLICABLE

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 $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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MUTUAL FUNDS

PART 4

☐ NOT APPLICABLE

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: Pax World Fund
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
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
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

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

☑ NOT APPLICABLE

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
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

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

☐ NOT APPLICABLE

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	Compass Bank
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	None
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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INTERESTS IN REAL PROPERTY

PART 7A

☐ NOT APPLICABLE

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	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted] Dallas, Tx 75232
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 lot Dallas, County
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	GMAC Mortgage
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	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

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INTERESTS IN BUSINESS ENTITIES

PART 7B

☐ NOT APPLICABLE

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 Partnership Interest in Bort Barr and Associates 203 East Colorado Dallas, TX 75203
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
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
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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GIFTS

PART 8

☐ NOT APPLICABLE

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. 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 D'Angelo and Toska Lee [redacted] Dallas TX 75232
2 RECIPIENT	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____
3 DESCRIPTION OF GIFT	bracelet
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

☑ NOT APPLICABLE

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 $500* in income, 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 $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
4 ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
INCOME	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
ASSETS FROM WHICH OVER $500 WAS RECEIVED ☐ UNKNOWN	

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BLIND TRUSTS

PART 10A

☑ NOT APPLICABLE

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
3 BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
4 FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
5 DATE CREATED	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
FAIR MARKET VALUE	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
DATE CREATED	

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TRUSTEE STATEMENT

PART 10B

☒ NOT APPLICABLE

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.

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ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

☑ NOT APPLICABLE

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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	DESCRIPTION	CATEGORY
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

☑ NOT APPLICABLE

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 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	
2 BUSINESS TYPE		
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	DESCRIPTION	CATEGORY
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
		☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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BOARDS AND EXECUTIVE POSITIONS

PART 12

☐ NOT APPLICABLE

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	EcoPol, Inc.		
2 POSITION HELD	Director		
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

☑ NOT APPLICABLE

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

☑ NOT APPLICABLE

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 that both have an interest. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS
2 INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND 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

☑ NOT APPLICABLE

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 $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

☑ NOT APPLICABLE

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 $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

[7] NOT APPLICABLE

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

☑ NOT APPLICABLE

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

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REFERRALS

PART 19

☑ NOT APPLICABLE

A state officer who is also an attorney must report making or receiving any referral for compensation for legal services and the category of the amount of the fee. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 SOURCE	
2 CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $25,000 OR MORE
SOURCE	
CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $25,000 OR MORE
SOURCE	
CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $25,000 OR MORE
SOURCE	
CHECK ONE ☐ RECEIVED REFERRAL ☐ MADE REFERRAL	☐ LESS THAN $5,000 ☐ AT LEAST $5,000, BUT LESS THAN $10,000 ☐ AT LEAST $10,000, BUT LESS THAN $25,000 ☐ $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, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Donald W. Hill

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

NOTARY PUBLIC STATE OF TEXAS
JOYCE M JONES
NOTARY PUBLIC
State of Texas
Comm. Exp. 09-02-2007

Sworn to and subscribed before me, by the said Donald W. Hill, this the 28th day of March, 20 05, to certify which, witness my hand and seal of office.

Joyce M. Jones — Signature of officer administering oath

JOYCE M. JONES — Print name of officer administering oath

Notary — Title of officer administering oath

Revised 12/10/2004