

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

**COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2022, covering calendar year ending December 31, 2021.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED: 6

Filer ID

1 NAME

TITLE; FIRST; MI
Colleen Burke

NICKNAME; LAST; SUFFIX
Davis

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**104 Travis Trail
Burnet, TX 78611**

(Check If Filer's Home Address)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(512) 947-9542

OFFICE USE ONLY

Date Received

RECEIVED

FEB 14 2022

BURNET CO ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
-----------	-----------

Date Processed

Date Imaged

4 REASON FOR FILING STATEMENT

- CANDIDATE** Colleen Burke Davis County Court at Law (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 Howard C Davis

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - 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
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

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="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small> <input type="checkbox"/> (Check If Filer's Home Address) Burnet County 220 S Pierce St Burnet TX 78611 Assistant County Attorney
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small> <input type="checkbox"/> (Check If Filer's Home Address)
<input checked="" type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small> Attorney

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small> <input type="checkbox"/> (Check If Filer's Home Address)
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

<p>¹ INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>² EMPLOYMENT</p> <p><input type="radio"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input checked="" type="radio"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>NATURE OF OCCUPATION Web Design</p>

<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>EMPLOYMENT</p> <p><input checked="" type="radio"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input type="radio"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>PERNALES Electric Cooperative PO Box 1 Johnson City TX 78636 System Administrator</p> <p>NATURE OF OCCUPATION</p>

<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>EMPLOYMENT</p> <p><input type="radio"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input type="radio"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>NATURE OF OCCUPATION</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<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	<small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small> 104 Travis Trail Burnet TX 78611
3 DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES	<small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small>
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Howard Davis Colleen Davis
5 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320 <input type="radio"/> \$9,320 - \$18,629 <input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	<small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small>
DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES	<small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small>
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320 <input type="radio"/> \$9,320 - \$18,629 <input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

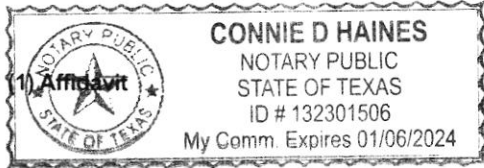
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Colleen Davis
Signature of Filer

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by ^{CH} Colleen Davis this the 14 day of February 20 22, to certify which, witness my hand and seal of office.

Connie Haines
Signature of officer administering oath

Connie Haines
Printed name of officer administering oath

Communication's Clerk
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Registrant (Declarant)