

**PERSONAL FINANCIAL STATEMENT**

**FORM PFS  
COVER SHEET  
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2024, covering calendar year ending December 31, 2023.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
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ACCOUNT #  
00081913

**1 NAME**

TITLE; FIRST; MI

The Honorable James

NICKNAME; LAST; SUFFIX

Talarico

**OFFICE USE ONLY**

Date Received

ELECTRONICALLY FILED

02/12/2024

**2 ADDRESS**

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

P.O. Box 15207

Austin, TX 78761

(CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

**3 TELEPHONE NUMBER**

AREA CODE PHONE NUMBER; EXTENSION

**REDACTED PER 572.032(a-1), GOVT CODE**

**4 REASON FOR FILING STATEMENT**

CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)

ELECTED OFFICER State Representative District 50 (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 \_\_\_\_\_

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 FILER INFORMATION	FILER NAME Talarico, James (The Honorable) FILER ID 00081913
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 2600 Water Well Lane  Austin, TX 78728  POSITION HELD  NATURE OF OCCUPATION Education Consultant

# 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.

<b>1</b> FILER INFORMATION	FILER NAME Talarico, James (The Honorable)	FILER ID 00081913
<b>2</b> MUTUAL FUND	NAME FSKAX	
<b>3</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> 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	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME FTIHX	
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 type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME FXNAX	
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 type="checkbox"/> NET LOSS	

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# 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 \$1,000 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 FILER INFORMATION	FILER NAME Talarico, James (The Honorable) FILER ID 00081913
2 SOURCE OF INCOME  <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Fidelity Investments ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 245 Summer St Suite 1100 Boston, MA 02205
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 AMOUNT	Less than \$10,110

# 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 \$2,020 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 FILER INFORMATION	FILER NAME Talarico, James (The Honorable)	FILER ID 00081913
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Rocket Mortgage	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$50540 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.

<b>1</b> FILER INFORMATION	FILER NAME Talarico, James (The Honorable)	FILER ID 00081913
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1402 Manford Hill Drive  Austin, TX 78753	
<b>4</b> DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Travis	
<b>5</b> NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
<b>6</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

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 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 FILER INFORMATION	FILER NAME Talarico, James (The Honorable)	FILER ID 00081913
2 PROVIDER	NAME AND ADDRESS American Bar Association 321 North Clark Street  Chicago, IL 60654	
3 AMOUNT	\$1,016.14	

# 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 - 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

# 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, 2023, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable James Talarico

\_\_\_\_\_  
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