PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2025, covering calendar year ending December 31, 2024.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE # 10

ACCOUNT # 00081913

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 04/30/2025

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI: The Honorable James

NICKNAME; LAST; SUFFIX: Talarico

2 ADDRESS

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

P.O. Box 15207

Austin, TX 78761

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

REDACTED PER 572.032(a-1), GOV'T CODE

4 REASON FOR FILIING 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	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____	
3 EMPLOYMENT [ ] EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD [ ] (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	
[X] SELF-EMPLOYED	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 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 FILER INFORMATION	FILER NAME Talarico, James (The Honorable)	FILER ID 00081913
2 MUTUAL FUND	NAME FSKAX	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [X] 500 TO 999 [ ] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE	
5 IF SOLD	[ ] NET GAIN [ ] NET LOSS	

MUTUAL FUND	NAME FTIHX	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [X] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE	
IF SOLD	[ ] NET GAIN [ ] NET LOSS	

MUTUAL FUND	NAME FXNAX	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	[ ] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [X] 1,000 TO 4,999 [ ] 5,000 to 9,999 [ ] 10,000 OR MORE	
IF SOLD	[ ] NET GAIN [ ] NET LOSS	

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 $1,0 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 ☐ 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	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 AMOUNT	Less than $10,760	

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 $2,150 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	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least $53,810 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 FILER INFORMATION	FILER NAME Talarico, James (The Honorable)	FILER ID 00081913
2 HELD OR ACQUIRED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____	
3 STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1402 Manford Hill Drive Austin, TX 78753	
4 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Travis	
5 NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD [ ] NET GAIN [ ] NET LOSS		

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 FILER INFORMATION	FILER NAME Talarico, James (The Honorable)	FILER ID 00081913
2 ORGANIZATION	Breakthrough T1D	
3 POSITION HELD	Austin Community Board Member	
4 POSITION HELD BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____	

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 UnidosUS 1126 16th St NW #600 Washington, DC 20036	
3	AMOUNT	$584.96	

PROVIDER	NAME AND ADDRESS CAP 1333 H St NW #100e Washington, DC 20005	
AMOUNT	$1,176.12	

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
- [X] 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
- [X] 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
- [X] N/A Part 11A - Business Associations
- [X] N/A Part 11B - Assets of Business Associations
- [X] 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
- [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
- [X] N/A Part 19 - Contracts with Governmental Entity
- [X] 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 wells 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, 2024 , 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