Annual	Amendment'	_New Employee	Period Covered: From date of last report to
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INTERNAL FR UNIFORM DISCLOSURE FORM FOR SUPERVISION AND REGULATION PERSONNEL FEDERAL RESERVE BANK

Name (Last, First, Middle Initial)	Social Security #	Position/Title	Office/Branch	Department	Extension

Federal Reserve examiners are prohibited, by criminal statute, from borrowing from banks that they examine, and by Federal Reserve policy, from borrowing from institutions for which the Federal Reserve is the primary federal regulator. All Federal Reserve employees are prohibited from holding certain types of investments in financial organizations, and employees generally must not participate in matters concerning organizations in which they, a spouse, or dependent child have a financial interest. This form is designed to obtain information that might indicate an actual or potential conflict of interest or a violation of Bank or System policy. Entries on the form should be typed or written in ink; do not use pencil.

Part 1. INDEBTEDNESS: List any existing debt or credit relationship that you, your spouse or dependent child have with a bank, bank holding company, bank or bank holding company affiliate, other financial institution, or any entity or person with whom you conduct business on behalf of the Bank. Include contingent liabilities (e.g., as guarantor), and debts of any company in which you, your spouse or dependent child own or control more than 10% of the equity, and any partnership in which you, your spouse or dependent child serve as a general partner. Include any unused line of credit or overdraft facility, and a bank credit card even if it has a zero balance. Identify any debt listed on your last disclosure form that has since been paid in full and show the repayment date. Report debt of a spouse, dependent child or related entity to the best of your knowledge. If none, write NONE or N/A.

Name of Creditor (List complete name, for example, MultiBank, N.A. or	Location (City, State)	Debtor Code2	Date Incurred1	Nature or Purpose of Debt 3	Term4	Maturity/ Date of Repayment	Administrati	ve Use:	
Texbank Mortgage Corporation)							ID-RSSD	Permit (Y/N)	Required Divestiture Date

I List only information that has changed since you filed your last form - do not restate information previously provided that has not changed.

2Debtor Codes: E - Employee; S - Employee's Spouse; D - Dependent Child; P - Partnership; O - Other (Describe)

3 Purpose Codes: A - Auto Loan; C - Credit Card; M - Mortgage on personal residence; O - Overdraft protection; H - Home equity line; S - Student loan; P - Personal Loan or other line of credit;

B - Business loan or line of credit (including mortgage incurred for business purposes)

4 Terms Codes: A-Amortizing Loan (scheduled payments of principal and interest): T - Term Loan (nonamortizing, principal due at maturity):

B - Balloon (with amortizing and term features); R - Revolving Credit; O - Other (Describe)

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Part II. <u>ASSETS:</u> List for you, your spouse and dependent child institution, its holding company (bank or thrift) or a nonbank aff participation by you or your spouse in a pension, retirement fur financial services industry. [Exclude Federal Reserve retirement]	iliate, a company that owns a bank, c nd, or similar retirement plan with a cu	r any entity or person with whom urrent or former employer, and any	you conduct business	s on behalf of the Bank. Also lis	st any interest tha	at arises from	the
Name of Organization and Location (City, State)	Ownership			Manner of Acquisition (e.g.,	Administrative	Use:	
	Codes5	common stock, debentures,	note Acquisition	gift, inheritance, purchase)			
		receivable)			ID-RSSD	Permitted to	
						Hold (Y/N)	Divestiture
							Date
Part III. <u>OUTSIDE AND PRIOR EMPLOYMENT:</u> List any positi institution or other organization) in which you serve as an empl any held during the last 12 months. List any such position held or political entities, and those solely of an honorary nature.) If r	oyee, officer, owner, director, membe by your spouse, child, parent or sibli	er, trustee, partner, adviser or con	sultant. Describe you	r position in each such organiz	ation, including c	current position	s and
Name of Organization and Location (City, State)	Nature or Purpose of Orga	nization Po	sition Held	Dates Held, if known	Administrative U	Jse:	
	1	İ		·	ID-RSSD	Approved	Comments
						(Y/N)	

Part IV. <u>RELATIVES IN BANKING:</u> List any immediate family member (spouse, child, parent or sibling) who is an officer, director or employee of a depository institution or affiliate thereof, or a depository institution holding company. If none, write NONE or N/A.

Name of Individual	Relationship to Employee	Name of Organization and Location (City, State)	Position Held	Administrative Use	e:
				ID-RSSD	Recusal Required (Y/N)

5 Ownership Codes: E - Employee; S - Employee's Spouse; D - Dependent Child; P - Partnership; O - Other (Describe)

Employee Name (Last, First, Middle Initial)

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Name of Covered Source and Location (City, State)	r more in value from one Covered Source [Exclude gifts from relatives.] If none, Brief Description of Gift	Value	Administrat	tive Use:	
	'		ID-RSSD	Date Receive	Comments
Part VI OTHER CITHATIONS: Identify any other relationship as a	numeranasa that yay balaya misht sanatituta an astual ar amarant anglist of	interest arviolation of law or F	ank policy If page w	rito NONE or NVA	
Name of Institution and Location (City, State)	cumstances that you believe might constitute an actual or apparent conflict of Describe Nature of Relationship or Circumstances	interest, or violation of law of E	ank policy. II none, w	Administrative U	lse:
	possino rialaro di rigiationo, ilip di circa nela isco			ID-RSSD	Recusal Required (Y/N
					T toquilou (1711
Part VII. SPACE FOR REPORTING ADDITIONAL ITEMS OR EXP	LANATORY NOTES: [if space provided is insufficient, attach add'l pages)]:				
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Part VII. SPACE FOR REPORTING ADDITIONAL ITEMS OR EXF	LANATORY NOTES: [if space provided is insufficient, attach add'l pages)]:				
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I certify that the information I have provided on this form and on a	ny attached page(s) is true, complete and correct to the best of my knowledge	9.			
I certify that the information I have provided on this form and on a I understand that it is my responsibility to report any change that I further understand that I am not permitted to work on any matter	ny attached page(s) is true, complete and correct to the best of my knowledge occurs after this reporting period promptly after I learn of the change.	9.	R	eviewed By (Initials/I	Date)
I certify that the information I have provided on this form and on a I understand that it is my responsibility to report any change that I further understand that I am not permitted to work on any matter unless permitted under System policy or authorized by means of	ny attached page(s) is true, complete and correct to the best of my knowledge occurs after this reporting period promptly after I learn of the change.		R	eviewed By (Initials/I	Date)

6 Covered Source is a person or entity that (1) does, or seeks to do, business with the Bank; (2) is supervised by the Federal Reserve System; or (3) has interests that are substantially affected by the employee's duties at the Bank. Additionally, an organization, a majority of whose members are Covered Sources, is also considered a Covered Source.