### PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

ach Schedule II.  No III Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  Ves X No III Pilo you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  V. Did you have any reportable agreement or arrangement or arrangement with an outside entity?  Or a dependent child have any reportable period?  Ves X No III Pilo you have any reportable agreement or arrangement with an outside entity?  If yee, complete and attach Schedule V.  VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  Ves X No III Pilo you receive compensation of more than \$5,000 from a single source in the two prior years?  Ves X No III Pilo years?  Ves X No III Pilo you receive compensation of more than \$5,000 from the two prior years?  Ves X No III Pilo years?  Ves X No III Pilo years?  Ves X No III Pilo years?		response.	appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must be answered and the appropriate sch	
Yes No No No No No Not you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? Yes Yes Yes No No No Not you have any reportable agreement or arrangement with an outside entity?  Yes No No No No Not yes, complete and attach Schedule V.	<u>\$</u>	Yes ⊀	VI. Did you receive a single source in the If yea, complete ar	8	eg	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule #I.	
the reporting period?  Yes No No Vity period in the prior two years?  No Vity period in the prior two years?  Yes X	<u>§</u>	Yes 🔀	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	\$	eg N	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	
	Š	Yes  X	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Š	<b>€</b>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? Yes

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes | No Y

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### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Hame Thomas B. Cutton

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below
--

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraries)  NG Corporation, Housen, TX  Part Bank & Timi, Housen, TX  NG Timb Ascording, Charlet, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Exclude: Military pay (such as National Guard of neserve pay), lederal retirent programs, and benefits received under the social security Act.	ement programs, and benefits it	BCBIVED UITUBLITIE SOCIAL	Security Act.
Current Year to Filling  XYZ Corporation, Housen, IX  Files Bank & Trust, Housen, IX  NA  Henris Courmy, Taxas Plubic Schools  VAR & University  Lo  Lo  Lo  Lo  Lo  Lo  Lo  Lo  Lo  L	Source (include date of receipt for honoraria)	Type	Amo	unt
AYZ Corporation, Houston, TX  First Back & Triast, Houston, TX  AYZ Table A & Triast, Houston, TX  AYZ Table & Triast, Table  AYZ Corporation, Houston, TX  Biscorporation, Houston, TX  Honoration  AYZ Corporation, Houston, TX  Biscorporation, Houston, TX  Biscorporation, TX  Biscorporation, TX  Biscorporation, Houston, TX  Biscorporation, TX  B	Colleg (include same or receipt for incremana)	مطره	Current Year to Filing	Preceding Year
First Beach & Trust, Housefor, TX That Association, Otherapo, IL (Fract December 2) Horse County, Tous Public Schools  Arch Link 4 Lo  WA  Arch Link 1 Lo  Var Link Association, Otherapo, IL (Fract December 2)  NA  Spouse Salary  NA  Horse Salary  NA  Son Tash twite  To Angain  To Angai	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Harris County Torus Public Schools  Harris County Torus Public Schools  Ar J University  John Tashtrate  Toronaniam  Toronania		Director's Fee	\$400	\$3,200
Space Silary  \$0  tonoranian  \$0		Honorarium	0	\$1,000
tonomin \$0  tonomin \$0	Harris County, Texas Public Schools	Spouse Salary	NA	NA
tonomium \$0	Mckinson & Co.	Salary		\$84 998.98
toronarium \$0	Harvard University	Honorium		\$3,000
	Hilso Tastitute	tonearin		A 000

Mullinsey retirement account	Bank of America account	SP, SP Mega Corp. Stock  DC, Examples: Simon & Schuster  Itst Bank of Paducah, KY accounts	account and its value at the end of the reporting period.  For rental or other real property heid for investment, provide a complete address.  For an ownership interest in a privately-heid business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or te jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or income Source Asset and/or investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds.  For retirement accounts which are not self-directed, provide only the name of the institution holding the
*	*	Indefinite X	None	BLOCK B  le of Asset e of asset at clo rear. If you use a thod other than please specify as sold during the as sold during the ar and is include at generated value should be
* *	* *	X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
*	× × ×	× × × × ×	None	Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
			\$1 - \$200 = \$201 - \$1,000 \( \frac{1}{2} \) \$1,001 - \$2,500 \( \frac{1}{2} \) \$2,501 - \$5,000 \( \frac{1}{2} \) \$5,001 - \$15,000 \( \frac{1}{2} \) \$50,001 - \$100,000 \( \frac{1}{2} \) \$100,001 - \$1,000,000 \( \frac{1}{2} \) \$1,000,001 - \$5,000,000 \( \frac{1}{2} \) Over \$5,000,000 \( \frac{1}{2} \)	d "Tax- eck the indicate indicate ing the mterest, d, must ne" if no

For additional assets and unearned income, use next page.

#### SCHEDULE III — LIABILITIES

Name Thomas B. Cotton

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

					SP, DC, JT	
			None	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
				Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000	
	 				\$15,001— \$50,000 <b>W</b>	
	 				\$50,001— \$100,000 O	
	 			×	\$250,000	Āmou
				_	\$500,000 *** \$500,001—	nt of L
					\$1,000,000 TI	Amount of Liability
	 			$\vdash$	\$5,000,001	ľ
					\$25,000,000 + \$25,000,001 \$50,000,000	
<u> </u>	ļ	<del> </del>		┡	Over	

#### SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature **Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely or all ilonorary fraction	iature.
Position	Name of Organization
	See Schoole I

### **SCHEDULE V -- AGREEMENTS**

Name Thomas B. Cotton

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Identify the da service; contine fit plan main	Identify the date, parties to, and general terms of any agreement or arrangement wit service; continuation or deferral of payments by a former or current employer other t effit plan maintained by a former employer.	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties To	Terms of Agreement
Onopina	McKinsey Ato.	I retain investment in Milionsey's retirement program.
/ /		See Shedilo T

## SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
McKinsey & Co., New York, NY	Consulting services. McCinsey serves clients pursuant to a standard
	agreement abordeaving the firm. See attacked.
	1 7 7

#### SEPARATION CERTIFICATION

-	1	$\sim 10^{-1}$	י או			
I,	homas	B. C	otton		, reaffirm the pi	rofessional
obligatio	n I assumed u	pon joinir	ng McKinse	y & Company ("the	Firm") to preserv	ve in strict
confiden	ice any inform	ation or ir	nsights not g	enerally available t	to the public devel	loped in the
course o	f my employn	ent with t	he Firm, inc	luding those relate	d to the operations	s and
affairs o	f the clients of	the Firm	("Clients")	and the Firm itself.	I understand that	this
profession	onal obligation	r continue	s after my s	eparation from the	Fi <del>rm</del> .	•

In view of my separation from the Firm, I confirm that:

- 1. I will not disclose, release, or make available to any person, entity, Firm or otherwise, without the Firm's express written consent, any such information whatsoever (not generally available to the public), including, without limitation, the contents of any reports, memoranda, or other material covering the operations and affairs of the clients or the Firm.
- 2. I shall hold the Firm completely harmless and indemnified against all claims, damages, liabilities, or losses that may be suffered by the Firm due to a breach of my obligations.
- I understand that sanctions imposed could include, without limitation, notification to any subsequent employer(s) or relevant professional association, civil or criminal action.
- 4. I have carefully reviewed all of my professional papers and files, including electronic files, and confirm that all papers, copies, documents, Firm reports, memoranda, or any other documents prepared by me for Clients or otherwise in my possession, including, without limitation, all practice documents, bulletins or other materials containing confidential client or Firm information, have been returned to the Firm and I have no originals or copies of any such materials.

Date	July 29, 2011	Signature	
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