



**TEXAS PENSION  
REVIEW BOARD**

Please fill in only portions of form that pertain to your pension plan

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

**PENSION SYSTEM REGISTRATION**

**PRB-100**

**RETIREMENT SYSTEM PROFILE**

System Name and Mailing Address  
Houston Police Officers' Pension System,

Trey Coleman (Chairman)  
CEO, Chairperson or other key contact  
713-869-8734 713-869-7657  
Phone Number Fax Number  
info@hpops.org  
E-mail Address  
http:// www.hpops.org  
Web Address

**ADMINISTRATOR PROFILE**

Company Name and Mailing Address  
602 Sawyer St #300  
Houston, TX 77007  
Patrick S. Franey (Executive Director)  
Contact Person  
713-869-8734 713-869-7657  
Phone Number Fax Number  
info@hpops.org  
E-mail Address  
http:// www.hpops.org  
Web Address

**SYSTEM BACKGROUND INFORMATION**

Article 6243g-4 1947 June 30  
Specify plan statute, ordinance, or charter governing the system Year Plan Created Plan's Fiscal Year End  
Benefit Type:  Defined Benefit  Defined Contribution  Other:  
Participant Desc:  General Employees  Police  Fire  Volunteer Fire  Other:  
Are employees covered by Social Security?  Yes  No  
If yes, are pension benefits offset by Social Security payments?  Yes  No

**RETIREMENT SYSTEM GOVERNING BODY**

Need to report more than 6 members? Please attach a separate sheet.

Name	Position	Occupation	Mailing Address	Phone Number
Trey Coleman	Chairman	Active Member	602 Sawyer St #300	713-869-8734
Terry Bratton	Vice Chairman	Retired Member	Houston, TX 77007	
George Guerrero	Trustee	Active Member	602 Sawyer St #300	713-869-8734
Steven D. Le	Trustee	Active Member	Houston, TX 77007	
Thomas Spjut	Trustee	Retired Member	602 Sawyer St #300 Houston, TX 77007	713-869-8734
Don Sanders	Mayor Representative	Appointed	600 Travis St 59th floor Houston, TX 77002	713-869-8734
Melissa Dubowski	Finance Director	Designee	611 Walker, 10th Floor Houston, TX 77002	713-869-8734

**CERTIFICATION**

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Authorizing Signature

Date

Patrick S. Franey

Printed Name

Name(s) of other form contributors

*Patrick S. Franey*  
5/13/24