

PERSONAL FINANCIAL STATEMENT

**FORM PFS
COVER SHEET**

Replacement for Missing Form

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2010, covering calendar year ending December 31, 2009.
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

1 NAME	TITLE, FIRST, MI Commissioner John Wiley	OFFICE USE ONLY	
	NICKNAME, LAST, SUFFIX Price		
2 ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 510 E Fifth Street Dallas, Tx 75203	Date Received 2014 FEB 19 PM 3 26	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER, EXTENSION (214) 653-6671	HD / PM	Amount
		Date Processed	
		Date Imaged	

4 REASON FOR FILING STATEMENT

CANDIDATE _____ (INDICATE OFFICE)

ELECTED OFFICER Dallas County Commissioner _____ (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 (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):

SPOUSE _____

DEPENDENT CHILD 1. _____

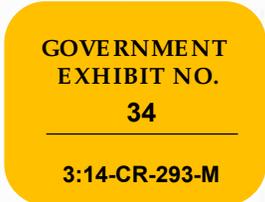
2. _____

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 if you had actual control over that person's financial activity.

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009



0040

SBP-1A-474-0252-01-0040

SOURCES OF OCCUPATIONAL INCOME

PART 1A

NOT APPLICABLE

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	INFORMATION RELATES TO <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2	EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED
NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) Dallas County Commissioner 411 Elm Street, Suite 213 Dallas, Tx 75202 NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT	<input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED
NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT	<input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED
NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) NATURE OF OCCUPATION	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0041

RETAINERS

PART 1B

NOT APPLICABLE

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0042

STOCK

PART 2

NOT APPLICABLE

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was 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.

1 BUSINESS ENTITY	NAME _____			
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input 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		
4 IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
BUSINESS ENTITY	NAME _____			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input 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		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
BUSINESS ENTITY	NAME _____			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input 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		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
BUSINESS ENTITY	NAME _____			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input 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		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
BUSINESS ENTITY	NAME _____			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input 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		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0043

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

NOTAPPLICABLE

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, 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.

1 DESCRIPTION OF INSTRUMENT	Money Market
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION OF INSTRUMENT	Money Market
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION OF INSTRUMENT	Money Market
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

NOTAPPLICABLE

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.

1	MUTUAL FUND	Deferred Life Annuity State Farm Insurance			NAME
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3	NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input 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		
4	IF SOLD	<input checked="" type="checkbox"/> NET GAIN	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		
	MUTUAL FUND	Nationwide Deferred Compensation			NAME
	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 checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input 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		
	IF SOLD	<input checked="" type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> \$25,000-OR MORE		
	MUTUAL FUND				NAME
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input 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 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"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0045

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS**PART 5** NOTAPPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* 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	SOURCE OF INCOME	NAME AND ADDRESS
		Lakeside National Bank PO Box 9 Rockwall, Tx 75087
2	RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3	AMOUNT	<input checked="" type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	SOURCE OF INCOME	NAME AND ADDRESS
		DaTelCo Federal CU 5429 LBJ Freeway, Suite 100 Dallas, Tx 75240
	RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	AMOUNT	<input checked="" type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	SOURCE OF INCOME	NAME AND ADDRESS
		5Linx Enterprise 275 Kenneth Drive Rochester, NY 14623
	RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	AMOUNT	<input checked="" type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0046

SBP-1A-474-0252-01-0046

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6** NOTAPPLICABLE

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 \$1,000* 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	PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Lakeside National Bank PO Box 9 Rockwall, Tx 75087
2	LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3	GUARANTOR	
4	AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
	PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	DalTelCo Credit Union
	LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	GUARANTOR	
	AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
	PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Brenda Jackson
	LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	GUARANTOR	
	AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY		

Revised 10/01/2009

0047

SBP-1A-474-0252-01-0047

INTERESTS IN REAL PROPERTY

PART 7A

NOT APPLICABLE

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 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 406 E 5 th Street Dallas, Tx 75203 Dallas County, Texas
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 Lot Dallas County Texas Robinson Park Place
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Countrywide Home Loans 6400 Legacy Drive Plano, Tx 75204
5 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 510 E. Fifth Street Dallas Texas 75203 Dallas County
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 Lot Robinson Park Place Dallas County, Texas
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Countrywide Home Loans 6400 Legacy Drive Plano, Tx 75204
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 12/01/2005

0048

INTERESTS IN REAL PROPERTY

PART 7A

NOTAPPLICABLE

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--INSTRUCTIONGUIDE.

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 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 3709 Grady Niblo Dallas, Texas Dallas County
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 9 acres Dallas County
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Lakeside National Bank PO Box 9 Rockwall, Tx 75087
5 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0049

INTERESTS IN REAL PROPERTY

PART 7A

NOT APPLICABLE

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 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 16800 LBJ FWY, Mesquite Dallas County Texas
3 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Theophalus Thomas Abst 1461 P172 Tr 10.11 Acs 1.714
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Debra White 1/2 Interest 211 N. Jobson Sunnyvale, TX 75182-9556
5 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

NOTAPPLICABLE

Describe all beneficial interests in business entities 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--INSTRUCTIONGUIDE.

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	HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2	DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Interstate 30 & Interstate 635 Dallas County John Wiley Price ½ Interest Wayne White & Debra White ½ Interest
3	IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

	HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
	IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

	HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
	IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2005

0051

GIFTS

PART 8

NOT APPLICABLE

Identify any person or organization that has given a gift worth more than \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. 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 DONOR	NAME AND ADDRESS
² RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2005

0052

TRUST INCOME

PART 9

NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. 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 SOURCE	NAME OF TRUST
² BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2005

0053

BLIND TRUSTS

PART 10A

NOT APPLICABLE

Identify each blind trust that complies with section 572.023(c) of the Government Code. 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	NAME OF TRUST	
2	TRUSTEE	NAME AND ADDRESS
3	BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
5	DATE CREATED	

	NAME OF TRUST	
	TRUSTEE	NAME AND ADDRESS
	BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
	DATE CREATED	

	NAME OF TRUST	
	TRUSTEE	NAME AND ADDRESS
	BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
	DATE CREATED	

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Revised 10/01/2009

0054

TRUSTEE STATEMENT**PART 10B** NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

1 NAME OF TRUST	
2 TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4 TRUSTEE STATEMENT	<p>I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Trustee Signature</p>

§ 572.023. Contents of Financial Statement in General

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

Revised 10/17/2005

0055

SBP-1A-474-0252-01-0055

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

NOT APPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. 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 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)
-------------------------------	--

2 BUSINESS TYPE	
------------------------	--

3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
-------------------------------------	---

4 ASSETS	DESCRIPTION	CATEGORY	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	

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Revised 10/01/2009

0056

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

NOT APPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. 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 BUSINESS ASSOCIATION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (Check if Filer's Home Address)																														
2 BUSINESS TYPE																															
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																														
4 LIABILITIES	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%; text-align: center; font-size: small;">DESCRIPTION</th> <th style="text-align: center; font-size: small;">CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
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	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999																														
	<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE																														

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Revised 10/01/2009

0057

BOARDS AND EXECUTIVE POSITIONS

PART 12

NOTAPPLICABLE

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	ORGANIZATION	KwanzaaFest Inc		
2	POSITION HELD	Chairman/Founder		
3	POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	ORGANIZATION			
	POSITION HELD			
	POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	ORGANIZATION			
	POSITION HELD			
	POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	ORGANIZATION			
	POSITION HELD			
	POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	ORGANIZATION			
	POSITION HELD			
	POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

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Revised 10/01/2009

0058

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

NOT APPLICABLE

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 PROVIDER	NAME AND ADDRESS
2 AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0059

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 14

NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS-INSTRUCTION GUIDE.

¹ BUSINESS ENTITY	NAME AND ADDRESS
------------------------------	------------------

² INTEREST HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
-------------------------------	--------------------------------	---------------------------------	--

BUSINESS ENTITY	NAME AND ADDRESS
-----------------	------------------

INTEREST HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
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BUSINESS ENTITY	NAME AND ADDRESS
-----------------	------------------

INTEREST HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
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BUSINESS ENTITY	NAME AND ADDRESS
-----------------	------------------

INTEREST HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
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BUSINESS ENTITY	NAME AND ADDRESS
-----------------	------------------

INTEREST HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
------------------	--------------------------------	---------------------------------	--

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Revised 10/01/2009

0060

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

NOT APPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS-INSTRUCTION GUIDE.

¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
² FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

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Revised 10/01/2009

0061

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

NOT APPLICABLE

This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS-INSTRUCTION GUIDE.

Note: Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

¹ STATE AGENCY	
² PERSON REPRESENTED	
³ FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

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Revised 10/01/2009

0062

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

NOT APPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS-INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS
2 BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0063

LEGISLATIVE CONTINUANCES

PART 18

NOT APPLICABLE

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

1 NAME OF PARTY REPRESENTED	
2 DATE RETAINED	
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION	
4 DATE OF CONTINUANCE APPLICATION	
5 WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARTY REPRESENTED	
DATE RETAINED	
STYLE, CAUSE NUMBER, COURT, & JURISDICTION	
DATE OF CONTINUANCE APPLICATION	
WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

0064

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

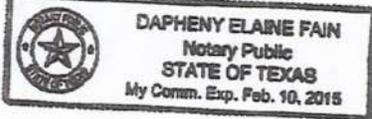
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2009, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

[Handwritten Signature]

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said _____ Person _____, this the 30th day of February 18, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature] _____
Signature of officer administering oath
Dapheny Fain
Print name of officer administering oath
Notary Public
Title of officer administering oath

THE STATE OF TEXAS
COUNTY OF DALLAS

I hereby certify that the above and foregoing is a full, true, and correct photographic copy of the original record now in my lawful custody and possession, filed on the date stamped thereon and as the same is recorded in the Recorder's Records in my office under the volume and page or instrument # stamped thereon.
I hereby certify on

FEB 19 2014



COUNTY CLERK, Dallas County, Texas

By [Signature] Deputy