Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2013 covering calendar year ending December 31, 2012.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT # 62344

OFFICE USE ONLY 1/21

Date Received

RECEIVED
JAN 21 2014
Texas Ethics Commission

Receipt #

HD / PD 1-16-14 Amount

Date Processed PROCESSED JAN 21 2014

Date Imaged

NAME	TITLE; FIRST; MI BILLY A. NICKNAME; LAST; SUFFIX "ALLEN" FLETCHER
ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 23718 POWDER MILL DRIVE TOMBALL, TX 77377 ☑ (CHECK IF FILER'S HOME ADDRESS)
TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (713) 252-9911

REASON FOR FILING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☑ ELECTED OFFICER STATE REPRESENTATIVE DISTRICT 130 (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)

Family members whose financial activity you are reporting (see instructions).

SPOUSE PENELOPE SUZANNE FLETCHER

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).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

15

R: 600730

PERSONAL FINANCIAL STATEMENT

COVER SHEET PAGE 2

On this page, indicate which parts of Form PFS are not applicable to you. If you place a check in the box next to a Part below, then no pages for that Part should be included in the report. If you do not place a check in the box, then pages for that Part must be included in the report.

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☑ N/A Part 1B - Retainers
- ☑ N/A Part 2 - Stock
- ☑ 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 LeaseAgreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☑ N/A Part 8 - Gifts
- ☑ N/A Part 9 - Trust Income
- ☑ N/A Part 10A - Blind Trusts
- ☑ N/A Part 10B -Trustee Statement
- ☐ N/A Part 11A - Assets of Business Associations
- ☐ N/A Part 11B - Liabilities of Business Associations
- ☑ N/A Part 12 - Boards and Executive Positions
- ☑ N/A Part 13 - ExpensesAccepted Under Honorarium Exception
- ☑ N/A Part 14 - Interest in Business in Commom with Lobbyist
- ☑ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☑ N/A Part 16 - Representation by Legislator Before State Agency
- ☑ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☑ N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) CITY OF HOUSTON POLICE PENSION/SERGEANT 602 SAWYER, SUITE 300 HOUSTON, TEXAS 77077 NATURE OF OCCUPATION RETIRED
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) SOUTHWEST CORRECTIONAL, LLC SSWC HOLDING & PAYROLL 192 BASTILLE LANE, SUITE 200 RUSTON, LA 71270 NATURE OF OCCUPATION CONSULTANT
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) LASALLE MANAGEMENT COMPANY, LLC 192 BASTILLE LANE, SUITE 200 RUSTON, LA 71270 NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) CITY OF HOUSTON POLICE PENSION/SERGEANT 602 SAWYER, SUITE 300 HOUSTON, TEXS 77077 NATURE OF OCCUPATION RETIRED
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) SOUTHWEST CORRECTIONAL , LLC SSWC HOLDING & PAYROLL 192 BASTILLE LANE, SUITE 200 RUSTON, LA 71270 NATURE OF OCCUPATION CONSULTANT
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) LASALLE MANAGEMENT COMPANY, LLC 192 BASTILLE LANE, SUITE 200 RUSTON, LA 71270 NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) HOUSE OF REPRESENTATIVES 105 W. 15 TH ST. AUSTIN, TEXAS 78701
☐ SELF-EMPLOYED	NATURE OF OCCUPATION STATE REPRESENTATIVE
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) TEXAS STATE GUARD 2210 W. 35TH ST. AUSTIN, TEXAS 78703
☐ SELF-EMPLOYED	NATURE OF OCCUPATION STATE GUARD
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) SECURITY ON SITE, LLC PO BOX 2007 TOMBALL, TEXAS 77377
☑ SELF-EMPLOYED	NATURE OF OCCUPATION OWNER

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) HOUSE OF REPRESENTATIVES 105 W, 15TH ST, AUSTIN, TEXAS 78701
☐ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) TEXAS STATE GUARD 2210 W. 35 ST. AUSTIN, TEXAS 78703
☐ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) SECURITY ON SITE, LLC PO BOX 2007 TOMBALL, TX 77377
☑ SELF-EMPLOYED	NATURE OF OCCUPATION OWNER - SECURITY OFFICER COMPANY

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 $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	HOME DEPOT
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	LOWES
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	MASTERCARD
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 $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	DEPARTMENT OF TREASURY
2 LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CHASE BANK
LIABILITY OF	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	HOUSTON POLICE CREDIT UNION
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 $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	SAMS CLUB
2 LIABILITY OF	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	WASINGTON MUTUAL
LIABILITY OF	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	23718 POWDER MILL DRIVE TOMBALL, TEXAS 77377
3 DESCRIPTION ☑ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 LOT IN HARRIS COUNTY
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

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 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--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	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address) SECURITY ON SITE, LLC P.O. BOX 2007 TOMBALL, TEXAS 77377
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

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 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 ☐ (Check If Filer's Home Address)	SECURITY ON SITE, LLC - PO BOX 2007 TOMBALL, TX 77377
2 BUSINESS TYPE	LLC, SECUIRTY OFFICERS	
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	DESCRIPTION	CATEGORY
	TOTAL ASSETS	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

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 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	☐ NAME AND ADDRESS (Check If Filer's Home Address) SECURITY ON SITE, LLC - PO BOX 2007 TOMBALL, TEXAS 77377	
2 BUSINESS TYPE	LLC - SECURITY OFFICERS	
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION	CATEGORY
	TOTAL LIABILITIES	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 ORGANIZATION	HEART 4 CHILDREN
2 POSITION HELD	BOARD MEMBER
3 POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	TOMBALL PACHYDERM CLUB
POSITION HELD	EX- OFFICIO BOARD MEMBER
POSITION HELD BY	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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, 2013, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Allen Fletcher

Signature of Filer

NOTARY PUBLIC STATE OF TEXAS
Kathleen M Hauck
Notary Public
STATE OF TEXAS
My Comm. Exp. Sept. 05, 2016

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Allen Fletcher, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

Kathleen M Hauck — Kathleen M. Hauck, Notary Public

Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath