SWORN COMPLAINT BEFORE THE TEXAS ETHICS COMMISSION

An individual must be a resident of the state of Texas to be eligible to file a sworn complaint with the Texas Ethics Commission. The complainant is required to attach to the complaint a copy of one of the following documents:

- · complainant's driver's license or personal identification certificate issued under Chapter 521 of the Transportation Code, or commercial driver's license issued under Chapter 522 of the Transportation Code: or
- · a utility bill, bank statement, government check, paycheck or other government document that shows the name and address of the complainant and is dated not more than 30 days before the date on which the complaint is filed.

Effective September 1, 2009, an individual may also be eligible to file a sworn complaint with the Texas Ethics Commission if the individual owns real property in the state of Texas. Under this provision, the complainant will be required to attach to the complaint a copy of a property tax bill. notice of appraised value, or other government document that shows the name of the complainant, shows the address of the real property in Texas, and identifies the complainant as the owner of the

OFFICE USE ONLY	
Docket Number	

Date Hand-delivered or Date Postmarked

Fede	10 05 11 Fe 70 043 55		I. IDE	NTITY OF	COMP	PLAINAN	IT		
1	COMPLAINANT NAME	MS/MRS/ 	MR .	! Мс	Mark LAST	.00. 00	229 (11)	SUFFIX	
2	COMPLAINANT PHYSICAL ADDRESS	ADDRESS 76110	Sander,		لم. ess address, In	CITY; Katy cluding street, city,	STATI TX state, and zip code)	,	ZIP CODE 77494
3	COMPLAINANT MAILING ADDRESS (check if same as above)	ADDRESS	(1	APT/SUITE#;	nass address, in	CITY;	STATE	:	ZIP CODE
4	COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	8 5	5 COMP E-MA ADDF		Mark Mark	e McCaig	· Com
			II. IDE	NTITY O	FRESE	PONDEN	Т		
6	RESPONDENT NAME	MS/MRS/M Mr NICKNAME S'0	10191 10191 10	98 - 98 -	Sidne Mille	47,024,41	924 - 1971 - 178	C. SUFFIX	retor retor
7	RESPONDENT POSITION OR TITLE	Former	State R	erresent	at.be,	Distor	Co. + 59/Ag	riculture	for Gormissioner
8	RESPONDENT PHYSICAL ADDRESS	ADDRESS	thighway	APT/SUITE#;	SH	CITY;	THE, TX	i	ZIP CODE
9	RESPONDENT MAILING ADDRESS (check if same as above)	ADDRESS	(Fi	APT/SUITE#; ull home or busine	ss address, inc	CITY; luding street, city, s	STATE		ZIP CODE
10	RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESP E-MA ADDR (IF KNOW)	RESS			
				GO TO	PAGE :	2			

III. NATURE OF ALLEGED VIOLATION

Page 2

Include the specific law(s) or rule(s) alleged to have been violated. The Texas Ethics Commission has jurisdiction to enforce only the following laws: (1) Title 15 of the Election Code; (2) Chapters 302, 303, 305, 572, 2004 of the Gov't Code; (3) § 334.025 and § 335.055 of the Local Gov't Code; (4) Subchapter C, Chapter 159 of the Local Gov't Code, in connection with a county judicial officer who elects to file a financial statement with the commission; (5) § 2152.064 and § 2155.003 of the Gov't Code; (6) § 306.005 of the Gov't Code.

SEE Attached

IV. STATEMENT OF FACTS

Page 3

State the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to the complainant, but alleged on information and belief. Please use simple, concise, and direct statements.

See Attached

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
V. 1	LISTING OF DOC	UMENTS AND OTHER	MATERIALS	Page 4
List all documents and that are relevant to this	other materials filed with complaint and that are	n this complaint. Additionally, li within your knowledge, includir	st all other documen ng their location, if k	ts and other materials nown.
	-1c -1d			
	See Attai	hed		

	VI. AFFIDAVIT		Page 5
(Farmer) (h) - (f)	BASED ON PERSONAL KNOWLEDGE		
(Execute this affid	avit if the acts alleged are within your direct pe	ersonal knowledge.)	
	1,		. complainant.
	swear that I am a resident of the state of Te		
	facts alleged in this complaint and that the		=
	true and correct.		
	Sie	notion of Orange laborat	
	Sign	nature of Complainant	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by t	he said	, this the	day of
	, 20, to certify which, witness my		-
	, to certify writer, withess my	nand and sear or office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer adminis	stering oath
ELIZABETH ASHLEY HARF MY COMMISSION EXPIRE: December 31, 2013	this complaint	as. I swear that I have re	, complainant, eason to believe ed. The source
ALELY NOTABLY STAME / SEAL ABOVE	Mark MCC Signi	ature of Complainant	
ALLA NOTACT STANIF / SEAL ABOVE			
Sworn to and subscribed before me, by th	ne said Mark 7. Mc Cais	, this the	day of
Sworn to and subscribed before me, by th	10	-	day of
	10	nand and seal of office.	day of
AFFIX NOTARY STAMP / SEAL ABOVE	Mark MCC Signi	ature of Complainant	

A COMPLAINT WILL BE DISMISSED IF A COPY OF ONE OF THE FOLLOWING DOCUMENTS IS NOT ATTACHED AS PROOF OF TEXAS RESIDENCY.
Please check one of the boxes below to indicate the co py of the document you have attached to the complaint:
Texas driver's license
personal identification certificate (issued under Chapter 521 of the Transportation Code)
commercial driver's license (issued under Chapter 522 of the Transportation Code)
utility bill *
bank statement *
government check *
paycheck *
other government document *
* with name and address of complainant and dated not more than 30 days before the date on which the complaint is filed *

III. NATURE OF ALLEGED VIOLATION

Include the specific law(s) or rule(s) alleged to have been violated. The Texas Ethics Commission has jurisdiction to enforce only the following laws: (1) Title 15 of the Election Code; (2) Chapters 302, 303, 305, 572, 2004 of the Gov't Code; (3) § 334.025 and § 335.055 of the Local Gov't Code; (4) Subchapter C, Chapter 159 of the Local Gov't Code, in connection with a county judicial officer who elects to file a financial statement with the commission; (5) § 2152.064 and § 2155.003 of the Gov't Code; (6) § 306.005 of the Gov't Code.

- 1) § 253.0351(c) of the Texas Election Code
- 2) § 254.031(a)(2) of the Texas Election Code
- 3) § 572.023(b)(3) of the Texas Government Code

IV. STATEMENT OF FACTS

State the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to the complainant, but alleged on information and belief. Please use simple, concise, and direct statements.

1) In a report filed with the Texas Ethics Commission on July 21, 2000, Sid Miller reported making a personal loan to his campaign in the amount of \$10,000 on January 3, 2000. In a report filed with the Texas Ethics Commission on January 15, 2013, Sid Miller reported a payment to himself on December 31, 2012 in the amount of \$31,384.34 with the description "principal and interest payment on loan to campaign from 1-3-2000."

Section 253.0351(c) of the Texas Election Code states "A candidate or officeholder who deposits personal funds in an account in which political contributions are held shall report the amount of personal funds deposited as a loan and may reimburse the amount deposited as a loan from political contributions or unexpended personal funds deposited in the account. **The reimbursement may not exceed the amount reported as a loan.** Personal funds deposited in an account in which political contributions are held are subject to Section 253.035 and must be included in the reports of the total amount of political contributions maintained required by Section 254.031(a)(8) and Section 254.0611(a)."

The reimbursement Mr. Miller made to himself on December 31, 2012 exceeded the amount he reported as a loan on July 21, 2000 by \$21,384.34.

2) Reports filed with the Texas Ethics Commission by Sid Miller on January 17, 2011, July 14, 2011, January 17, 2012, April 30, 2012, May 21, 2012, July 16, 2012, and July 23, 2012 each reflected an outstanding loan total of \$0.

In addition to the \$10,000 personal loan Mr. Miller made to his campaign on January 3, 2000 and subsequently reimbursed (in an amount exceeding the amount of the loan) on December 31, 2012, Mr. Miller also made a personal loan to himself on July 23, 2001 in the amount of \$2,000 that was reflected in a report to the Texas Ethics Commission filed on January 14, 2002. Mr. Miller appeared to reimburse himself \$2,000 for this loan on December 31, 2012 based upon a report he filed with the Texas Ethics Commission on January 15, 2013.

Section 254.031(a)(2) of the Texas Election Code requires reports filed with the Texas Ethics Commission to include the aggregate principal amount of all outstanding loans as of the last day of the reporting period. Mr. Miller's filings on July 21, 2000 and January 14, 2002 each report personal loans made to his campaign, which were reimbursed to him on December 31, 2012 based on his January 15, 2013 report.

It appears that the actual aggregate principal amount of all outstanding loans as of the last day of the reporting period for the reports filed by Mr. Miller on January 17, 2011, July 14, 2011, January 17, 2012, April 30, 2012, May 21, 2012, July 16, 2012, and July 23, 2012 was \$12,000, not \$0 as reflected in each of these reports.

3) As stated above, Mr. Miller made a \$10,000 personal loan to his campaign on January 3, 2000 that was reflected in a report filed with the Texas Ethics Commission on July 21, 2000 and a \$2,000 personal loan to his campaign on July 23, 2001 that was reflected in a report filed with the Texas Ethics Commission on January 14, 2002.

Mr. Miller filed required Personal Financial Disclosures with the Texas Ethics Commission on May 9, 2011 and April 16, 2012. Section 572.023(b) of the Texas Government Code requires that the personal financial statement include "a list of all bonds, notes, and other commercial paper held or acquired, and if sold, the category of the amount of net gain or loss realized from the sale." The personal financial disclosures filed by Mr. Miller with the Texas Ethics Commission on May 9, 2011 and April 16, 2012 did not include the \$10,000 loan made to his campaign on January 3, 2010 or the \$2,000 loan made to his campaign July 23, 2001.

V. LISTING OF DOCUMENTS AND OTHER MATERIALS

List all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known.

Complete copies of all reports referenced below are on file with the Texas Ethics Commission:

Exhibit A: Selection from report filed by Sid Miller with Texas Ethics Commission on 1/15/2013

Exhibit B: Selection from report filed by Sid Miller with Texas Ethics Commission on 7/21/2000

Exhibit C: Selection from report filed by Sid Miller with Texas Ethics Commission on 1/14/2002

Exhibit D: Selection from report filed by Sid Miller with Texas Ethics Commission on 1/17/2011

Exhibit E: Selection from report filed by Sid Miller with Texas Ethics Commission on 7/14/2011

Exhibit F: Selection from report filed by Sid Miller with Texas Ethics Commission on 1/17/2012

Exhibit G: Selection from report filed by Sid Miller with Texas Ethics Commission on 4/30/2012

Exhibit H: Selection from report filed by Sid Miller with Texas Ethics Commission on 5/21/2012

Exhibit I: Selection from report filed by Sid Miller with Texas Ethics Commission on 7/16/2012

Exhibit J: Selection from report filed by Sid Miller with Texas Ethics Commission on 7/23/2012

Exhibit K: Personal Financial Statement filed by Sid Miller with Texas Ethics Commission on 5/9/2011

Exhibit L: Personal Financial Statement filed by Sid Miller with Texas Ethics Commission on 4/16/2012

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Miller, Sidney (Rep.) 00042143 Schedule: 19/28 Report: 27/37 5 Payee name 4 Date Mi Familia Mexican Restaurant 07/29/2012 Amount (\$) Payee address City; State: Zip Code 2029 W, Washington \$17.75 Stephenville, TX 76401 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Food/Beverage Expense Meal with constituent OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 12/31/2012 Miller, Sid (Mr.) Amount (\$) Payee address City; State; Zip Code 6407 S. US Hwy 377 \$1,698.18 Stephenville, TX 76401 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Loan Repayment/Reimbursement Reimburse for political expenses made from personal funds **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Miller, Sid (Mr.) 12/31/2012 Amount (\$) Payee address City; State; Zip Code 6407 S. US Hwy 377 \$31,384.34 Stephenville, TX 76401 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Loan Repayment/Reimbursement principal and interest payment on loan to campaign OF from 1-3-2000 **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Miller, Sid (Mr.) 12/31/2012 Amount (\$) Payee address City: State: Zip Code 6407 S. US Hwy 377 \$2,000.00 Stephenville, TX 76401 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Loan Repayment/Reimbursement repayment of loan to campaign from 12-31-2002 OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

<u>Texas Ethics Commission</u> P.O.Box 12070 Austin, <u>Texas 78711-2070</u> (512)463-5800 1-800-325-8506

LOANS		SCHEDULE E		
The Instruction Guide explains how to complete this form.	1 Total pages rep	es report:		
2 FILER NAME Mr. Sidney C Miller	3 ACCOUNT # 00042143	: (Ethics Commission filers)		
4 TOTAL OF UNITEMIZED LOANS: ⇒⇔⇔⇔⇔		\$ 0.00		
5 Date of loan 7 Name of lender □ out-of-state PAC(ID# 01/03/2000 Sidney C Miller 6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code		9 Loan Amount (\$) 10000.00 10 Interest rate		
N Stephenville TX 76401		10.000 11 Maturity date 11/15/2000		
12 Description of Collateral				
13 GUARANTOR INFORMATION 14 Name of guarantor		16 Amount Guaranteed (\$)		
15 Guarantor address; City; State; Zip Code ☐ not applicable				
17 Principal Occupation 18 Employer				

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Gu	IDE explains how to complete th	nis form. (E	CCOUNT # thics Commission filers) 0042143	2 PAGE # 1 of 21			
3 CANDIDATE / OFFICEHOLDER		irst Iney	MI	OFFICE U	SE ONLY		
NAME	NICKNAME LA Sid Mill	AST ler	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT 597 County Road 279 Dublin, TX 76446	FE#; CITY;	STATE; ZIP CODE	Date Hand-delivered	or Date Postmarked		
Change of Address							
	MS/MRS/MR FI	IRST	MI	Receipt #	Amount		
5 CAMPAIGN TREASURER	Ms. Jill	IKSI	IVII	Date Processed			
NAME	NICKNAME We	AST P st	SUFFIX	. Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEA 5215 CR 513 Stephenville, TX 76401	ASE); APT / SUITE #;	CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (254) 968-2211	UMBER	EXTENSION				
8 REPORT TYPE	X January 15 30	Oth day before election	Runoff	15th day after cappointment (of	ampaign treasurer ficeholder only)		
	July 15 8ti	h day before election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 10/24/2010	THROUGH	Month D	ay Year 2010			
10 ELECTION	ELECTION DATE Month Day Year 11/02/2010	ELECTION TYPE Primary	Runoff	X General	Special		
11 OFFICE	OFFICE HELD (if any) State Representative Dist	rict 59	12 OFFICE SOUGHT (if kn. State Representa	own) tive District 59			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures Candidates are required to disclos						
BY OTHER INDIVIDUALS	Name						
	Address/PO Box; Apt. / Suite #;	City; State; Zip Code	9				
additional pages							
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512)463-5800

14 C/OH NAME Miller,	15 ACCOUNT # 00042143	(Ethics Commission filers)				
16 NOTICE FROM	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures					
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Texas Alliance for Life PAC				
	GENERAL COMMITTEE ADDRESS 2026 Guadalupe Street Austin, TX 78705					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Shaw, JIm (Dr.)				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS 2026 Guadalupe Street Austin, TX 78705				
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
	2. TOTAL F (OTHER	\$	16,550.00			
EXPENDITURE TOTALS	3. TOTAL F	\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL F LAST DA	\$	188,301.00			
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$	0.00			
18 AFFIDAVIT			<u> </u>			
107411157(11)		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information req			
		sid miller				
		Signature of C	andidate or Officel	nolder		
AFFIX NOTARY S	STAMP / SEAL ABOV	E				
Sworn to and subscrib	ed before me, by th	ne said	, this the _	day		
of, 2	. to cer	tify which, witness my hand and seal of office.				
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of officer add	ministering oath		

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commiss 00042143	sion filers)	2 PAGE # 1 of 45				
3 CANDIDATE /	MS/MRS/MR FIRST	00042143	MI	OFFICE U	SE ONLY			
OFFICEHOLDER NAME	Rep. Sidney				SE ONL I			
NAIVIE	NICKNAME LAST Sid Miller		SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 597 County Road 279 Dublin, TX 76446	CITY; STATE;	; ZIP CODE	Date Hand-delivered	or Data Poetmarked			
Change of Address				Date Hand-delivered	of Date Fosilitatived			
5 CAMPAIGN	MS/MRS/MR FIRST		MI	Receipt #	Amount			
5 CAMPAIGN TREASURER	Ms. Jill		IVII	Date Processed				
NAME	NICKNAME LAST West		SUFFIX	Date Imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT 5215 CR 513 Stephenville, TX 76401	T / SUITE #; CITY;	STATE;	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (254) 968-2211	EXTEN:	SION					
8 REPORT TYPE	January 15 30th day befor	e election Runo	ff	15th day after c appointment (of	ampaign treasurer ficeholder only)			
	X July 15 8th day before	election Excee	eded \$500 limit	Final report (Att	ach C/OH - FR)			
9 PERIOD COVERED	Month Day Year	N THROUGH	Month Day 06/30/20	Year 11				
40 51 5071011		ON TYPE		• • • • • • • • • • • • • • • • • • • •				
10 ELECTION	Month Day Year	ON TYPE Primary Runof	ff 🔲	General	Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 59	12 OFFIC	E SOUGHT (if known)					
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign Candidates are required to disclose this inform							
EXPENDITURE BY OTHER INDIVIDUALS	Name							
Address/PO Box; Apt. / Suite #; City; State; Zip Code								
additional pages								
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME Miller	15 ACCOUNT # 00042143	(Ethics Commission filers)					
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat y receive notice of such expenditures					
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	IERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL F	\$	40.00				
	4. TOTAL F	POLITICAL EXPENDITURES	\$	26,491.98			
CONTRIBUTION BALANCE	5. TOTAL F LAST DA	\$	163,967.43				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
18 AFFIDAVIT							
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information requ				
		sid miller					
		Signature of C	andidate or Officeh	older			
AFFIX NOTARY S	STAMP / SEAL ABOV	E					
Sworn to and subscrib	ed before me. bv tl	ne said	, this the	day			
		tify which, witness my hand and seal of office.					
Signature of officer admi	nictoring ooth	Drint name of officer administration and	Title of officer od-	ninictoring ooth			
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer adn	iiriistering oatn			

Texas Ethics Commission P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Gui	The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT (Ethics Comm 00042143)					
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Rep. Sidney NICKNAME LAST Sid Miller			di SUFFIX	OFFICE U	SE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 597 County Road 279 Dublin, TX 76446	CITY;	STATE; Z	TIP CODE	Date Hand-delivered	or Date Postmarked
					Receipt #	Amount
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		N	ΛI	Date Processed	
NAME	Ms. Jill NICKNAME LAST West		s	 SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 5215 CR 513 Stephenville, TX 76401	APT / SUITE #;	CITY; S	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE (254) 968-2211	ER	EXTENSION			
8 REPORT TYPE		ay before election	Runoff Exceeded \$	\$500 limit	appointment (of	ampaign treasurer ficeholder only) ach C/OH - FR)
9 PERIOD COVERED	Month Day Year 07/01/2011	THROUGH	Month	Day	Year	
10 ELECTION	ELECTION DATE Month Day Year 04/06/2012	ELECTION TYPE X Primary	Runoff		General	Special
11 OFFICE	OFFICE HELD (if any) State Representative District 5	59	12 OFFICE SOU State Rep	, ,	District 59	
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C/OH NAME Miller	14 ACCOUNT # 00042143	(Ethics Commission filers)					
15 NOTICE FROM	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures						
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME bristol-myers squibb co. employees pac	MMITTEE NAME				
	GENERAL COMMITTEE ADDRESS 345 park avenue new york, NY 10154						
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Reilly, Joseph (Mr.)					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS Route \$#206 & Province Line Road Princeton, NJ 08543					
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 20,1						
EXPENDITURE TOTALS	3. TOTAL F	\$	0.00				
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL F LAST DA	\$	110,529.33				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	0.00					
17 AFFIDAVIT			<u> </u>				
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information requ				
		sidney miller					
		Signature of C	andidate or Officeh	older			
AFFIX NOTARY S	TAMP / SEAL ABOV	E					
Sworn to and subscrib	ed before me by th	ne said	, this the	day			
	-	tify which, witness my hand and seal of office.	, and the _				
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer adr	ninistering oath			
				<u> </u>			

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Gui	DE explains how to complete this	form.	ACCOUNT # (Ethics Commission fil 00042143	lers)	2 PAGE# 1 of 52	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Rep. Sidney NICKNAME LAST		Λ	MI	OFFICE U	SE ONLY
	Sid Miller ADDRESS / PO BOX; APT / SUITE #:	CITY;		IP CODE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	597 County Road 279 Dublin, TX 76446	CITT,	STATE, 2	IF CODE	Date Hand-delivered	or Date Postmarked
Change of Address	Dubilli, 17.70440					
					Receipt #	Amount
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	-	V	И	Date Processed	
NAME	Ms. Jill				Date Imaged	
	NICKNAME LAST West		\$	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 5215 CR 513 Stephenville, TX 76401); APT / SUITE #;	CITY; S	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMB (254) 968-2211	ER	EXTENSION			
8 REPORT TYPE	January 15 X 30th d	lay before election	Runoff		15th day after of appointment (of	ampaign treasurer
	July 15 8th da	y before election	Exceeded	\$500 limit	Final report (Att	ach C/OH - FR)
9 PERIOD COVERED	Month Day Year		Month	Day	Year	
	01/01/2012	THROUGH		04/19/201	2	
10 ELECTION	ELECTION DATE Month Day Year 05/29/2012	ELECTION TYPE X Primary	Runoff		General	Special
11 OFFICE	OFFICE HELD (if any) State Representative District	59	12 OFFICE SOU State Rep	, ,	District 59	
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C/OH NAME Miller	Sidney (Rep.)		14 ACCOUNT # 00042143	(Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat y receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		CONNUTTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	73,298.00
EXPENDITURE TOTALS	3. TOTAL F	\$	0.00	
	4. TOTAL F	\$	28,420.41	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			144,131.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
17 AFFIDAVIT			·	
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information requ	
		Sid Miller		
		Signature of C	andidate or Officeh	older
AFFIX NOTARY S	STAMP / SEAL ABOV	E		
Sworn to and subscribed before me, by the said day				
		tify which, witness my hand and seal of office.		•
Signature of officer admi	nictoring ooth	Print name of officer administering oath	Title of officer ode	pinictoring oath
orginature of officer admi	motering Oatri	First name of officer administering oath	Title of officer adn	minstering dath

Texas Ethics Commission P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Gui	DE explains how to complete this	form.	ACCOUNT # (Ethics Commission filers 00042143	s)	2 PAGE # 1 of 26	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS Rep. Sidne NICKNAME LAST Sid Miller	. 	MI SUF	 FIX	OFFICE U	SE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE # 597 County Road 279 Dublin, TX 76446	#; CITY;	STATE; ZIP	CODE	Date Hand-delivered	or Date Postmarked
				ŀ	Receipt #	Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRS	т	MI	•	Date Processed	
NAME	Ms. Jill		SUF	 FFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE 5215 CR 513 Stephenville, TX 76401	E); APT / SUITE #;	CITY; STA	TE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMB (254) 968-2211	BER	EXTENSION			
8 REPORT TYPE		day before election ay before election	Runoff Exceeded \$50	00 limit [appointment (of	ampaign treasurer fficeholder only) ach C/OH - FR)
9 PERIOD COVERED	Month Day Year 04/20/2012	THROUGH		Day 5/19/2012	Year 2	
10 ELECTION	ELECTION DATE Month Day Year 05/29/2012	ELECTION TYPE X Primary	Runoff		General	Special
11 OFFICE	OFFICE HELD (if any) State Representative Distric	t 59	12 OFFICE SOUGH State Repre	, ,	District 59	
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C/OH NAME Miller,	, Sidney (Rep.)		14 ACCOUNT # 00042143	# (Ethics Commission filers)	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat y receive notice of such expenditures			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	GENERAL COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	54,972.85	
EXPENDITURE TOTALS	3. TOTAL F	\$	0.00		
	4. TOTAL F	POLITICAL EXPENDITURES	\$	171,105.39	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			47,998.85	
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$	0.00		
17 AFFIDAVIT			•		
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Code	all information red	. ,	
		Sid Miller			
		Signature of C	andidate or Office	holder	
AFFIX NOTARY S	STAMP / SEAL ABOV	E			
Sworn to and subscrib	ed before me, by the	ne said	, this the	day	
of, 2	20, to cer	rtify which, witness my hand and seal of office.			
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer ac	Iministering oath	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00042143	2 PAGE # 1 of 53			
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE US	SE ONLY		
OFFICEHOLDER NAME	Rep. Sidney			JE OILL		
NAME	NICKNAME LAST Sid Miller	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	597 County Road 279	CITY; STATE; ZIP CODE				
Change of Address	Dublin, TX 76446		Date Hand-delivered	or Date Postmarked		
			Receipt #	Amount		
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Ms. Jill	MI	Date Processed			
NAME	IVIS. JIII		Date Imaged			
	NICKNAME LAST West	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 5215 CR 513 Stephenville, TX 76401	JITE#; CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (254) 968-2211	EXTENSION				
8 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after ca appointment (off	ampaign treasurer iceholder only)		
	X July 15 8th day before elec	tion Exceeded \$500 limit	Final report (Atta	ach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	Month Day	Year			
	THR 05/20/2012	оидн 06/30/20	12			
10 ELECTION	ELECTION DATE Month Day Year 07/31/2012 ELECTION T Prima		General	Special		
11 OFFICE	OFFICE HELD (if any) State Representative District 59	12 OFFICE SOUGHT (if known State Representativ				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C/OH NAME Miller	Sidney (Rep.)		14 ACCOUNT # 00042143	(Ethics Commission filers)		
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat y receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE					
	GENERAL	GENERAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		CONNITTEE CANIFAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	155,691.00		
EXPENDITURE TOTALS	3. TOTAL F	\$	0.00			
	4. TOTAL F	\$	185,723.62			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			76,197.03		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00		
17 AFFIDAVIT			•			
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information requ			
		Sid Miller				
		Signature of C	andidate or Officeh	older		
AFFIX NOTARY S	STAMP / SEAL ABOV	E				
Sworn to and subscrib	ed before me, by the	ne said	, this the _	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer adn	ninistering oath		
Signature of officer duffi	motoring batti	This name of officer administering oath	THIC OF OTHER AUT	milotoring batti		

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00042143	2 PAGE # 1 of 35	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE	ONLY
OFFICEHOLDER NAME	Rep. Sidney		Date Received	
NAME	NICKNAME LAST Sid Miller	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 597 County Road 279	CITY; STATE; ZIP CODE		
Change of Address	Dublin, TX 76446		Date Hand-delivered or I	Date Postmarked
			Receipt #	Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Processed	
NAME	Ms. Jill		Date Imaged	
	NICKNAME LAST West	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 5215 CR 513 Stephenville, TX 76401	JITE#; CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (254) 968-2211	EXTENSION		
8 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after camp appointment (office	_
	July 15 X 8th day before elec	tion Exceeded \$500 limit	Final report (Attach	C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year	
	THR 07/01/2012	оидн 07/21/20	12	
10 ELECTION	BLECTION DATE ELECTION T Month Day Year 07/31/2012		General	Special
11 OFFICE	OFFICE HELD (if any) State Representative District 59	12 OFFICE SOUGHT (if known State Representativ		
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C/OH NAME Miller	Sidney (Rep.)		14 ACCOUNT # 00042143	(Ethics Commission filers)		
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat y receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE					
	GENERAL	GENERAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		COMMITTEE CAMI AIGN REACONER ABBRECO				
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	120,250.00		
EXPENDITURE TOTALS	3. TOTAL F	\$	0.00			
	4. TOTAL F	\$	154,723.66			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			30,779.46		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00		
17 AFFIDAVIT			<u> </u>			
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information requ			
		Sid Miller				
		Signature of C	andidate or Officeh	older		
AFFIX NOTARY S	STAMP / SEAL ABOV	E				
Sworn to and subscrib	ed before me, by the	ne said	, this the _	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer adn	ninistering oath		
orginature of officer admi	motoring batti	This name of officer administering batti	THE OF OTHER AUT	immotering batti		

PERSONAL F	INANCIAL STATEMENT	FORM PFS COVER SHEET	
For filings required in 2	Filed in accordance with chapter 572 of the Government Code. For filings required in 2011, covering calendar year ending December 31, 2010 .		
	- INSTRUCTION GUIDE when completing this form.	42143 /	
1 NAME	Mr. Sidney C.	OFFICE USE ONLY 5/2 Date Received RECEIVED	
	NICKNAME, LAST, SUFFIX Sid Miller	MAY 0 9 2011	
		Texas Ethics Commission	
2 ADDRESS		Al	
	6407 S. US Hwy 377 Stephenville, TX 76401	Receipt#	
	Stephenville, 17/0401	HD (PM) 5 2 11 Amount	
		Legal	
	(CHECK IF FILER'S HOME ADDRESS)	PROCESSED MAY 0 9 2011	
3 TELEPHONE	AREA CODE NUMBER; EXTENSION	Date Imaged	
NUMBER	(254) 968-2211	Date integer	
4 REASON		<u> </u>	
FOR FILING			
STATEMENT	☐ CANDIDATE	(INDICATE OFFICE)	
		(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 spouse or dependent ch	e financial activity you are reporting (filer must report information abounlidren if the filer had actual control over that activity):	ut the financial activity of the filer's	
SPOUSE	Debra J. Miller		
DEPENDENT CHILD	i.		
,	>		
•			
3	3.		
	·	dent child if you had actual control	
aa	COPY AND ATTACH ADDITIONAL PAGES AS NECE	ESSARY 7: 490837	

SOURCES OF OCCI	·	Texas 78711-2070		1-800- PART	1A
☐ NOT APPLICABLE	JI A HORAL	INCOME			
When reporting information about providing the number under which	a dependent child's n the child is listed or	activity, indicate the child the Cover Sheet.	d about whom you are reporting	by	,
1 INFORMATION RELATES TO	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD		
EMPLOYMENT			MPLOYER / POSITION HELD		
☐ EMPLOYED BY ANOTHER	AAWaa Naasaa O T		's Home Address)		
	Miller Nursery & T 6407 S. US Hwy 3 Stephenville, TX	377			
	Owner				
X SELF-EMPLOYED		NATURE OF	OCCUPATION		•••
INFORMATION RELATES TO	X FILER	☐ SPOUSE	☐ DEPENDENT CHILD		
EMPLOYMENT			MPLOYER / POSITION HELD		
X EMPLOYED BY ANOTHER	Tours House of D	•	's Home Address)		
	Texas House of R 201 E. 14th Stree Austin, TX 78701	t			
	State Representa	tive District 59			
SELF-EMPLOYED		NATURE OF	OCCUPATION		
INFORMATION RELATES TO	X FILER	☐ SPOUSE	☐ DEPENDENT CHILD		
EMPLOYMENT			MPLOYER / POSITION HELD		
☐ EMPLOYED BY ANOTHER	Long Oak Lands	(Check if Filer	's Home Address)		
	Lone Oak Landsc 597 CR 279	•			
į.	Dublin, TX 76446				

SOURCES OF OCCI		n, Texas 78711-2070 _ INCOME		PART	1A
☐ NOT APPLICABLE					
When reporting information about providing the number under which	a dependent child n the child is listed ('s activity, indicate the child on the Cover Sheet.	d about whom you are reporting	g by	
1 INFORMATION RELATES TO	☐ FILER	☑ SPOUSE	☐ DEPENDENT CHILD		
2 EMPLOYMENT			EMPLOYER / POSITION HELD		
X EMPLOYED BY ANOTHER	Englis English A		r's Home Address)		
	Erath Excles! Ac 6532 S. US Hwy Stephenville, TX	377			
	Director				
SELF-EMPLOYED		NATURE OF	OCCUPATION	 .	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission	P.O. Box 12	2070 Austin, Texas 7	'8711 <u>-</u> 2070	(512)463	1.5800	1-800-325-850
STOCK	10100	OTO THOMAS I ONCE I	0711-2070	(012)400)-00UU	PART 2
☐ NOT APPLICAB	BLE					
and indicate the cated category of the amou INSTRUCTION GUID When reporting inform	gory of the numbe nt of the net gain)E. nation about a de	your spouse, or a deposer of shares held or according to the or loss realized from the ependent child's activity child is listed on the Co	quired. If some or all ne sale. For more in , indicate the child a	Il of the stock was sol formation, see FORM	id, also indi M PFS	icate the
¹ BUSINESS ENTITY	(American Intl Group In		AME		
2 STOCK HELD OR	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	_D	W/W
³ NUMBER OF SHAF	RES	LESS THAN 100 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 1	ГО 4,999
⁴ IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0-OR MORE
BUSINESS ENTITY	,	NAME Bank of America Corp.				
STOCK HELD OR	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHAF	RES	LESS THAN 100		☐ 500 TO 999	1,000	O 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0-OR MORE
BUSINESS ENTITY	,	Particle Drilling Techno		AME		
STOCK HELD OR A	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHAF	RES	LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MORE	☐ 500 TO 999	1,000 T	O 4,999
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	0-OR MORE
BUSINESS ENTITY		Franklin Bank Corp.	, NA	ME		
STOCK HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 T	O 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	O-OR MORE
BUSINESS ENTITY		LISEC Inc	NA	ME		

☐ SPOUSE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ 100 TO 499

10,000 OR MORE

☐ DEPENDENT CHILD

☐ 500 TO 999

USEC Inc.

X FILER

LESS THAN 100

5,000 TO 9,999

STOCK HELD OR ACQUIRED BY

X NET GAIN

■ NET LOSS

NUMBER OF SHARES

IF SOLD

X 1,000 TO 4,999

\$10,000 - \$24,999 \$25,000—OR MORE

	☐ NET LUSS				
BUSINESS ENTITY		Cisco Systems Inc.	N	AME	
STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES		X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999 ≣	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000-OR MORE
BUSINESS ENTITY	Y	Access Group Cattle E		AME	
STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES		X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999 ≣	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000-OR MORE
BUSINESS ENTITY		NAME E Communications Advantage, Inc.			
BUSINESS ENTITY	Y	E Communications Ad		AME	
BUSINESS ENTITY STOCK HELD OR A		E Communications Ad		AME DEPENDENT CHIL	.D
	ACQUIRED BY		vantage, Inc.	DEPENDENT CHIL	1,000 TO 4,999
STOCK HELD OR	ACQUIRED BY	☑ FILER ☐ LESS THAN 100	vantage, Inc. SPOUSE 100 TO 499	DEPENDENT CHIL	
STOCK HELD OR A	ACQUIRED BY RES NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	vantage, Inc. ☐ SPOUSE ☐ 100 TO 499 ☑ 10,000 OR MORE ☐ \$5,000 - \$9,999	DEPENDENT CHIL	1,000 TO 4,999
STOCK HELD OR A NUMBER OF SHAP IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100☐ 5,000 TO 9,999☐ LESS THAN \$5,000	vantage, Inc. ☐ SPOUSE ☐ 100 TO 499 ☑ 10,000 OR MORE ☐ \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100☐ 5,000 TO 9,999☐ LESS THAN \$5,000☐ Caterpillar Inc.	vantage, Inc. SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 AME DEPENDENT CHIL 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Caterpillar Inc. ☐ FILER ☐ LESS THAN 100	vantage, Inc. ☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 N/ ☐ SPOUSE ☐ 100 TO 499	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 AME DEPENDENT CHIL 500 TO 999	1,000 TO 4,999 \$25,000—OR MORE

Texas Ethics Commission	P.O. Box 12	2070 Austin, Texas 7	8711-2070	(512)463	-5800 1-800-325	5-850
STOCK	***************************************				PART	_
☐ NOT APPLICA	3LE					
and indicate the cate category of the amou INSTRUCTION GUID	gory of the numbe unt of the net gain DE.	your spouse, or a depe er of shares held or acc or loss realized from th	quired. If some or al ne sale. For more in	I of the stock was sol formation, see FORM	d, also indicate the ## I PFS	
providing the number	nation about a de runder which the	ependent child's activity child is listed on the Co	, indicate the child a over Sheet.	bout whom you are r	eporting by	
1 BUSINESS ENTITY	Y	Cisco Systems Inc.	N/	AME		
2 STOCK HELD OR	ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	.D	
³ NUMBER OF SHA	RES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MOR	Œ
BUSINESS ENTITY	Y	Dell Inc.				
STOCK HELD OR	ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHILD		
NUMBER OF SHARES		LESS THAN 100	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MOR	E
BUSINESS ENTITY	r	John H. Harland Co.	NA	ME		
STOCK HELD OR ACQUIRED BY		FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHAI	RES	LESS THAN 100	■ 100 TO 499■ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORI	E
BUSINESS ENTITY		Pfizer, Inc.	NA	ME		
STOCK HELD OR ACQUIRED BY		FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHAF	RES	LESS THAN 100 5,000 TO 9,999	■ 100 TO 499■ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	•
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORI	E
BUSINESS ENTITY	(Monsanto Co.	NA	ME		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

X SPOUSE

☐ 100 TO 499

☐ 10,000 OR MORE

☐ DEPENDENT CHILD

☐ 500 TO 999

☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000—OR MORE

STOCK HELD OR ACQUIRED BY

■ NET GAIN

■ NET LOSS

NUMBER OF SHARES

IF SOLD

FILER

X LESS THAN 100

5,000 TO 9,999

1,000 TO 4,999

Texas Ethics Commission	P.O. Box 12	070 Austin, Texas 7	8711-2070	(512)463	-5800 ⁻	1-800-325-850
STOCK				Ç		PART 2
☐ NOT APPLICA	BLE					
and indicate the cate category of the amou INSTRUCTION GUIL When reporting infor	gory of the numbe int of the net gain DE. mation about a de	your spouse, or a deposer of shares held or according to the or loss realized from the ependent child's activity child is listed on the Co	quired. If some or all ne sale. For more in , indicate the child a	l of the stock was sol formation, see FORM	d, also indica 1 PFS	
1 BUSINESS ENTIT		Wal-mart De Mexico Sade				
2 STOCK HELD OR	ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	.D	
³ NUMBER OF SHA	RES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TC	4,999
⁴ IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-	-OR MORE
BUSINESS ENTIT	Y	AIG.WS	NA	ME		
STOCK HELD OR	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD		
NUMBER OF SHA	RES	LESS THAN 100	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO	4,999
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
BUSINESS ENTIT	Y	ABMD	NA	ME		
STOCK HELD OR	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD		
NUMBER OF SHARES		LESS THAN 100	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO	4,999
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
BUSINESS ENTITY		FBTXQ	NAME			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
STOCK HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHILD		
NUMBER OF SHARES		LESS THAN 100 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO	4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-	OR MORE
BUSINESS ENTITY	1	PSUN	NA	ME		
STOCK HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHIL	D	· · · · · · · · · · · · · · · · · · ·

LESS THAN 100

5,000 TO 9,999

☐ 100 TO 499

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ 10,000 OR MORE

☐ 500 TO 999

☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000—OR MORE

NUMBER OF SHARES

IF SOLD

■ NET GAIN

■ NET LOSS

X 1,000 TO 4,999

Texas Ethics Commission P.O. Bo	x 12070 Austin, Texas 7	8711-2070	(512)463-	-5800	1-800-325-850
MUTUAL FUNDS					PART 4
☐ NOT APPLICABLE					
List each mutual fund and the num acquired during the calendar year some or all of the shares of a mutu from the sale. For more informatio When reporting information about a providing the number under which	and indicate the category of all fund were sold, also ind n, see FORM PFSINSTF a dependent child's activity	of the number of sha icate the category of RUCTION GUIDE , indicate the child a	res of mutual funds h f the amount of the ne	eld or acqu et gain or lo	uired. If oss realized
¹ MUTUAL FUND	Capital World Growth & I	NA ncome fund CL.A	ME		
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000	ΓΟ 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0-OR MORE
MUTUAL FUND	Heartford Divident & Gro	NA wth Fund CL.A	ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000	ГО 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0-OR MORE
MUTUAL FUND	Heartford Global Leaders	NAI Fund CL.A	ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LESS THAN 100

☐ 5,000 TO 9,999

X 100 TO 499

☐ 10,000 OR MORE

☐ 500 TO 999

☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000-OR MORE

NUMBER OF SHARES

☐ NET GAIN

☐ NET LOSS

OF MUTUAL FUND

IF SOLD

1,000 TO 4,999

Texas Ethics Commission P.O. Box	x 12070 Austin, Texas 7	8711-2070	(512)463-	-5800 1-800-325-8506
MUTUAL FUNDS			(3.2)	PART 4
☐ NOT APPLICABLE				
List each mutual fund and the number acquired during the calendar year a some or all of the shares of a mutue from the sale. For more information When reporting information about a providing the number under which	and indicate the category of al fund were sold, also ind n, see FORM PFS-INSTF a dependent child's activity	of the number of shar icate the category of RUCTION GUIDE r, indicate the child a	res of mutual funds he the amount of the ne	eld or acquired. If et gain or loss realized
1 MUTUAL FUND	Heartford Capital Apprec	NAI iation Fund CL.A	ME	
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
MUTUAL FUND	Heartford Mid Cap Value	NAI Fund CLA	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
MUTUAL FUND	Investment Company of A	NA/ America CL.A	ME	
SHARES OF MUTUAL FUND		an Marker a Maria de Carres		

☐ NET LOSS	LESS THAN \$5,000	55,000 - \$9,999	1 \$10,000 - \$24,999	\$25,000-OR MORE	
MUTUAL FUND	Investment Company of A		ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL		
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
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					

P.O. Box 12070

PART 4 **MUTUAL FUNDS** ■ NOT APPLICABLE 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. NAME ¹ MUTUAL FUND Fundamental Investors Fund ² SHARES OF MUTUAL FUND FILER X SPOUSE HELD OR ACQUIRED BY DEPENDENT CHILD _____ 3 NUMBER OF SHARES LESS THAN 100 X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE 4 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE ☐ NET LOSS NAME **MUTUAL FUND Growth Fund of America** SHARES OF MUTUAL FUND IXI SPOUSE DEPENDENT CHILD _____ ☐ FILER **HELD OR ACQUIRED BY** NUMBER OF SHARES LESS THAN 100 X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 10,000 OR MORE IF SOLD ■ NET GAIN LESS THAN \$5,000 S5,000 - \$9,999 S10,000 - \$24,999 S25,000--OR MORE ☐ NET LOSS NAME **MUTUAL FUND** Washington Mutual Investors Fund SHARES OF MUTUAL FUND HELD OR ACQUIRED BY FILER X SPOUSE DEPENDENT CHILD ___ NUMBER OF SHARES X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND 5,000 TO 9,999 10,000 OR MORE IF SOLD ■ NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE NET LOSS **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

Texas Ethics Commission P.O. Bo	x 12070 Austin, Texas 7	8711-2070	(512)463	-5800 1-800-325-8
MUTUAL FUNDS		The state of the s	V- 1-7.	PART 4
☐ NOT APPLICABLE				
List each mutual fund and the num acquired during the calendar year some or all of the shares of a mutu from the sale. For more informatio When reporting information about a providing the number under which	and indicate the category of al fund were sold, also ind n, see FORM PFS–INSTF a dependent child's activity	of the number of shalicate the category of RUCTION GUIDE r, indicate the child a	res of mutual funds he the amount of the no	eld or acquired. If et gain or loss realized
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Capital World Growth & I	ncome	☐ DEPENDENT CHIL	.D
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
4 IF SOLD	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
MUTUAL FUND	Heartford Dividend & Gro	NAP owth Fund	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000–OR MORE
MUTUAL FUND	Heartford Global Leaders	NAP S Fund	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES	LESS THAN 100	X 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999

☐ 10,000 OR MORE

☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000-OR MORE

5,000 TO 9,999

IF SOLD

☐ NET GAIN

■ NET LOSS

xas Ethics Commission P.O. Box	c 12070 Austin, Texas 7	8711-2070	(512)463-	5800	1-800-325
MUTUAL FUNDS					PART
☐ NOT APPLICABLE					
List each mutual fund and the number acquired during the calendar year a some or all of the shares of a mutual from the sale. For more information when reporting information about a providing the number under which the	and indicate the category of al fund were sold, also indi n, see FORM PFS—INSTR n dependent child's activity	f the number of shai cate the category of UCTION GUIDE , indicate the child a	res of mutual funds he the amount of the ne	eld or acqu et gain or lo	uired. If oss realize
MUTUAL FUND	Small Cap World Fund	NAI	ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000	TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	00OR MOF
·					

INCOME FROM INT	TEREST, DIVIDEN	NDS, ROYAL	TIES & RENT	S PART 5
☐ NOT APPLICABLE				
List each source of income you, interest, dividends, royalties and more information, see FORM P	d rents during the calendar y	ear and indicate the		
When reporting information abo providing the number under whi	-	=	about whom you are r	eporting by
¹ SOURCE OF INCOME	Edward D. Jones	NAME AND AD	DRESS	
	105 W. Washington			
	Stephenville, TX 76401			
² RECEIVED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
³ AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
,				
C	OPY AND ATTACH ADDIT	TIONAL PAGES AS	NECESSARY	

PERSONAL NOTES A	AND LEASE AG	REEMENTS	PART 6		
☐ NOT APPLICABLE					
Identify each guarantor of a loan and a dependent child had a total finance agreement at any time during the cation, see FORM PFSINSTRUCTION When reporting information about a providing the number under which the second seco	cial liability of more than \$7 alendar year and indicate DN GUIDE I dependent child's activity	1,000 in the form of a the category of the a , indicate the child a	a personal note or notes or lease amount of the liability. For more informa-		
¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CNH Capital America				
² LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD		
³ GUARANTOR					
⁴ AMOUNT	区 \$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000-OR MORE		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Gehl Finance				
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD		
GUARANTOR					
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999 ☐ \$25,000OR MORE		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	TexasBank				
LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILD		
GUARANTOR					
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 🗵 \$25,000—OR MORE		
COPY	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

P.O. Box	x 12070 Austin, Texas	5 787 11-2070	(512)463-	3600	1-800-32	-
PERSONAL NOTES A	AND LEASE A	GREEMENTS			PART	6
Identify each guarantor of a loan area dependent child had a total finance agreement at any time during the cition, see FORM PFSINSTRUCTION When reporting information about a providing the number under which	cial liability of more than alendar year and indicat ON GUIDE a dependent child's activi	\$1,000 in the form of e the category of the a ity, indicate the child a	a personal note or not amount of the liability.	For more	informa-	
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase Auto Finance					
² LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHIL	D		
³ GUARANTOR						
4 AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	☒ \$10,000 - \$24,999	\$25,00	0-OR MO	RE

Austin, Texas 78711-2070

INTERESTS IN REAL	_ PROPERTY			PART /A
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was For an explanation of 'beneficial in INSTRUCTION GUIDE.	sold, also indicate the car	tegory of the amoun	nt of the net gain or loss	s realized from the sale.
When reporting information about providing the number under which			d about whom you are r	reporting by
1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	LD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	184 CR 567 Stephenville, TX 76401 Erath		ING CITY, COUNTY AND STATE	
3 DESCRIPTION ☐ LOTS ☐ ACRES	NUMBE 6.844 acres Home	ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCAT	NTED
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	☐ \$25,000OR MORE
HELD OR ACQUIRED BY	☑ FILER	SPOUŚE	DEPENDENT CHI	LD
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	6407 S. US Hwy 377 Stephenville, TX 76401 Erath	·	ING CITY, COUNTY AND STATE	
DESCRIPTION LOTS ACRES	NUMBE 193.0 acres	ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	ATED
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD ☐ NET GAIN	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
☐ NET LOSS	T ress lumi \$2,000	<u> —</u> фо'∩∩∩ - фа'язая		LI \$23,000-OK MOKE

Austin, Texas 78711-2070

INTERESTS IN BUS	SINESS ENTITIES		PART 7B
☐ NOT APPLICABLE	·		
calendar year. If the interest wa	s sold, also indicate the categ	gory of the amount o	r spouse, or a dependent child during the of the net gain or loss realized from the sale. ting this section, see FORM PFS—
When reporting information about providing the number under which	-		about whom you are reporting by
¹ HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD
² DESCRIPTION	Miller Nursery & Tree Compa 6407 S. US Hwy 377 Stephenville, TX 76401	_ ·	ADDRESS s Home Address)
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	X FILER	SPOUSE	DEPENDENT CHILD
DESCRIPTION	Lone Oak Landscape L.L.C. 597 CR 279 Dublin, TX 76446	•	ADDRESS 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
cc	DPY AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY

(512)463-5800 1-800-325-8506 Austin, Texas 78711-2070

ASSETS OF B	USINESS ASSOCIATI	ONS		PART 11A
☐ NOT APPLICABLE	<u> </u>			
corporation, professiona dent child held, acquired of the assets. For more When reporting informat	ach coporation, firm, partnership, lim al association, joint venture, or other d, or sold 50 percent or more of the o information, see FORM PFS—INST tion about a dependent child's activit ader which the child is listed on the C	business association outstanding ownershi RUCTION GUIDE. y, indicate the child a	in which you, your spou o and indicate the categ	ise, or a depen- ory of the amount
¹ BUSINESS ASSOCIATION	Lone Oak Landscape L.L.C.	AND ADDRESS	(Check if Filer's Home Address)	
	597 CR 279 Dublin, TX 76446			
² BUSINESS TYPE	Limited Liability Partnership			
³ HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	DEPENDENT CHILD	
4 ASSETS	DESCRIPTION Machinery & Tools		i	EGORY
			X LESS THAN \$5,000 S10,000 - \$24,999	\$5,000 - \$9,999 \$25,000-OR MORE
	l			
:				

P.O. Box 12070

PART 12 **BOARDS AND EXECUTIVE POSITIONS** ■ NOT APPLICABLE 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. Miller Nursery & Tree Company ¹ ORGANIZATION Owner ² POSTITION HELD 3 POSITION HELD BY ☐ SPOUSE DEPENDENT CHILD _____ X FILER Erath Excel! Academy **ORGANIZATION Executive Director** POSTITION HELD **POSITION HELD BY** FILER X SPOUSE DEPENDENT CHILD _____ Lone Oak Landscape L.L.P. **ORGANIZATION** Member **POSTITION HELD** POSITION HELD BY X FILER SPOUSE DEPENDENT CHILD _____ COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission

INTEREST IN BUSI	NESS IN COMMO	ON WITH LO	DBBYIST	PART 14
☐ NOT APPLICABLE				
Identify each corporation, firm, p sional association, joint venture spouse, or a dependent child, a an interest. For more information	, or other business association nd a person registered as a	on, other than a pu lobbyist under cha	blicly-held corporation, in whic	h you, your
¹ BUSINESS ENTITY		NAME AND A	DDRESS	
· BUSINESS ENTIT	E Campus Nation LP			
	Center, TX			
² INTEREST HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY		NAME AND A	DDRESS	
DOONEGO ENTIT	E Communication Advantag	е		
	Hwy 290 East Austin, TX			
INTEREST HELD BY	X FILER	SPOUSE	DEPENDENT CHILD	
C	OPY AND ATTACH ADDIT	TIONAL PAGES	AS NECESSARY	

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

Austin, Texas 78711-2070

□ 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 Lease Agreements
□ 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 - Expenses Accepted Under Honorarium Exception
□ N/A	Part 14 - Interest in Business in Common 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

Texas Ethics Commission

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verfied. The verfication 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, 2010, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government dode.

> > Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by to certify which, witness my hand and seal of office.

Miller this the 29th day of april, 2011,

Thacker Notary Public

TX-PFS Software Version 1.1.0

		PAGE#	COVER SHEET
	dance with chapter 572 of the Government Code. 012, covering calendar year ending December 31, 2011 .	Paç	ge 1 of 20
	- INSTRUCTION GUIDE when completing this form.	ACCOUNT# 421	143
1 NAME	TITLE, FIRST, MI Mr. Sidney C.	OFFICE	USE ONLY
	ivii. Sidiley C.	Date Received	
	NICKNAME, LAST, SUFFIX Sid Miller	REC	ENED
	Sid Willer	APR 1	1 6 2012
2 ADDRESS		Texas Ethics	6 Commission
	6407 S. US Hwy 377 Stephenville, TX 76401	Receipt#	, GATTER TO PROPERTY.
	Stophonimo, 17/10401	HD(PM)4//3/16	2 Amount
		Legal /	
• TELEDUOVE	(CHECK IF FILER'S HOME ADDRESS)	PROCESSED	APR 1 6 2012
3 TELEPHONE NUMBER	AREA CODE NUMBER; EXTENSION	Date Imaged	AIN 1 0 2012
	(254) 968-2211		
4 REASON			
FOR FILING STATEMENT	☐ CANDIDATE		_ (INDICATE OFFICE)
	☑ ELECTED OFFICER		_ (INDICATE OFFICE)
	☐ APP0INTED OFFICER		_ (INDICATE AGENCY)
	☐ EXECUTIVE HEAD		•
	☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT		- · · · · · ·
	☐ STATE PARTY CHAIR		_ (INDICATE PARTY)
	☐ OTHER		(INDICATE POSITION)
			(INDICATE FOSITION)
Family members whose t spouse or dependent chi	financial activity you are reporting (filer must report information about ldren if the filer had actual control over that activity):	the financial activ	rity of the filer's
	Debra J. Miller		
SPOUSE	Debra J. Miller		
DEPENDENT CHILD 1.			
2.			
2			
3.			

SOURCES OF OCC	CUPATIONAL	INCOME		PART 1A
When reporting information abo providing the number under whi	ut a dependent child's ch the child is listed on	activity, indicate the child the Cover Sheet.	d about whom you are reporting	by
1 INFORMATION RELATES TO	☑ FILER	☐ SPOUSE	DEPENDENT CHILD	
2 EMPLOYMENT			MPLOYER / POSITION HELD	
☐ EMPLOYED BY ANOTHER	Millor Nivers - O. T.	_	's Home Address)	
	Miller Nursery & Ti 6407 S. US Hwy 3 Stephenville, TX 7	77		
	Owner			
☑ SELF-EMPLOYED		NATURE OF	OCCUPATION	
INFORMATION DELATED TO				
INFORMATION RELATES TO	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD	· .
EMPLOYMENT			MPLOYER / POSITION HELD	
	Tayaa Hayaa af Da		s Home Address)	•
	Texas House of Re 201 E. 14th Street Austin, TX 78701			
·	State Representati	ve District 59		
SELF-EMPLOYED		NATURE OF (OCCUPATION	• • • • • • • •
INFORMATION RELATES TO				
IN ONWATION NELATES TO	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _	
EMPLOYMENT	Ŋ		MPLOYER / POSITION HELD	
☐ EMPLOYED BY ANOTHER	Lone Oak Landsca		s Home Address)	
	597 CR 279 Dublin, TX 76446	50 E.E.O.		
	Owner			
X SELF-EMPLOYED		NATURE OF C	OCCUPATION	• • • • • • • • • • • • • • • • • • •
co	PY AND ATTACH AE	DDITIONAL PAGES AS	S NECESSARY	

exas Ethics Commission P.O. E		Texas 78711-2070	(512)463-5800	1-800-325-850
SOURCES OF OCC	UPATIONAL	INCOME		PART 1A
☐ NOT APPLICABLE			<u> </u>	
When reporting information about providing the number under which	t a dependent child's h the child is listed on	activity, indicate the child the Cover Sheet.	d about whom you are reporting	j by
1 INFORMATION RELATES TO	·			
	FILER	☒ SPOUSE	☐ DEPENDENT CHILD	
2 EMPLOYMENT	· · · · · · · · · · · · · · · · · · ·	NAME AND ADDRESS OF E	EMPLOYER / POSITION HELD	
·		☐ (Check if Filer	r's Home Address)	
X EMPLOYED BY ANOTHER	Erath Excles! Acad	lemy		
	6532 S. US Hwy 3 Stephenville, TX 7	77 ′6401		
	Director			
SELF-EMPLOYED		NATURE OF	OCCUPATION	• • • • • • • •
INFORMATION RELATES TO				
	☐ FILER	☒ SPOUSE	☐ DEPENDENT CHILD	
EMPLOYMENT		NAME AND ADDRESS OF E	MPLOYER / POSITION HELD	
			's Home Address)	
X EMPLOYED BY ANOTHER	Responsive Educa	tion Solutions		
	PO Box 292730 Lewisville, TX 750	29		
SELF-EMPLOYED		NATURE OF	OCCUPATION	• • • • • • • •
	Director			

Texas Ethics Commission	P.O. Box 12	2070 Austin, Texas 7	/8711_2070	(512)463	2 5000	4 900 335 950
STOCK	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oro moning rocker ,	0/11-20/0	(012)700	<u>3-3600</u>	1-800-325-850 PART 2
☐ NOT APPLICAE	3LE					
and indicate the cate category of the amou INSTRUCTION GUID	gory of the numbe int of the net gain DE.	, your spouse, or a depo er of shares held or acc or loss realized from the ependent child's activity	quired. If some or a ne sale. For more ir	II of the stock was sol nformation, see FORM	ld, also indid M PFS	cate the
providing the number	under which the	child is listed on the Co	over Sheet.	DOUL WHOTH YOU GIG I	eborning by	
1 BUSINESS ENTITY	7	American Intl Group In		AME		
2 STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	LD	
³ NUMBER OF SHAF	RES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	1,000 T	O 4,999
⁴ IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	O-OR MORE
BUSINESS ENTITY		Bank of America Corp.		AME		
STOCK HELD OR A	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	_D	
NUMBER OF SHAF	₹ES	LESS THAN 100	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 T	O 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000)-OR MORE
BUSINESS ENTITY	,	Particle Drilling Techno		AME		
STOCK HELD OR A	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHAR	₹ES	LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 To	O 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	-OR MORE
BUSINESS ENTITY		Franklin Bank Corp.	NA	ME		
STOCK HELD OR A	CQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHAR	KES	LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO	O 4,999
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	-OR MORE

BUSINESS ENTITY

NUMBER OF SHARES

IF SOLD

USEC Inc.

NAME

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 a providing the number under w				about whom you are re	eporting by	
¹ BUSINESS ENTITY		ECampus Nation LP	N/	AME		
2 STOCK HELD OR ACQUIR	RED BY	X FILER	SPOUSE	DEPENDENT CHIL	D	
³ NUMBER OF SHARES		X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
" COLD	ET GAIN ET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE	
BUSINESS ENTITY		Cisco Systems Inc.	NA	AME		
STOCK HELD OR ACQUIF	RED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES		X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999	
" 0010 =	T GAIN T LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE	
		Access Group Cattle Equity Options				
BUSINESS ENTITY		Access Group Cattle E		AME	•	
BUSINESS ENTITY STOCK HELD OR ACQUIR	RED BY	Access Group Cattle E		ME DEPENDENT CHIL	D	
	RED BY		quity Options	DEPENDENT CHIL	D 1,000 TO 4,999	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD	RED BY	☒ FILER☒ LESS THAN 100☐ 5,000 TO 9,999	quity Options SPOUSE 100 TO 499 10,000 OR MORE	DEPENDENT CHIL	1,000 TO 4,999	
STOCK HELD OR ACQUIF NUMBER OF SHARES IF SOLD	T GAIN	☒ FILER☒ LESS THAN 100☐ 5,000 TO 9,999	quity Options SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHIL	1,000 TO 4,999	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD	T GAIN T LOSS	☒ FILER☒ LESS THAN 100☐ 5,000 TO 9,999☐ LESS THAN \$5,000	quity Options SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 : ☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET NET	T GAIN T LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Communications Adv	quity Options SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHIL 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET BUSINESS ENTITY STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET	T GAIN T LOSS	 ☒ FILER ☒ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 E Communications Adv ☒ FILER ☐ LESS THAN 100 	quity Options SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 vantage, Inc. SPOUSE 100 TO 499	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHIL 500 TO 999	1,000 TO 4,999 \$25,000-OR MORE	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET BUSINESS ENTITY STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET	T GAIN T LOSS RED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Communications Adv ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	SPOUSE	DEPENDENT CHIL	1,000 TO 4,999 \$25,000—OR MORE D 1,000 TO 4,999	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET NUMBER OF SHARES IF SOLD NET NUMBER OF SHARES IF SOLD NET	T GAIN T LOSS RED BY T GAIN T LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Communications Adv ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	SPOUSE	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000—OR MORE 1,000 TO 4,999 1,000 TO 4,999	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET NET BUSINESS ENTITY STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET NET	T GAIN T LOSS RED BY T GAIN T LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 E Communications Adv ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Caterpillar Inc.	SPOUSE	☐ DEPENDENT CHIL ☐ 500 TO 999	1,000 TO 4,999 \$25,000—OR MORE 1,000 TO 4,999 1,000 TO 4,999	
STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET BUSINESS ENTITY STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET BUSINESS ENTITY STOCK HELD OR ACQUIR NUMBER OF SHARES IF SOLD NET	T GAIN T LOSS RED BY T GAIN T LOSS	 ☑ FILER ☑ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 E Communications Adv ☑ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Caterpillar Inc. ☐ FILER ☑ LESS THAN 100 	SPOUSE	☐ DEPENDENT CHIL ☐ 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE ☐ 1,000 TO 4,999 ☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE	

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 PFSINSTRUCTION GUIDE.						
When reporting information about a de providing the number under which the	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	Cisco Systems Inc.	N/A	AME			
2 STOCK HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	.D		
³ NUMBER OF SHARES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999		
4 IF SOLD	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE		
BUSINESS ENTITY	Dellas	NA	AME			
	Dell Inc.					
STOCK HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	.D		
NUMBER OF SHARES	LESS THAN 100 5,000 TO 9,999	☒ 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999		
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000-OR MORE		
	John H. Harland Co.					
BUSINESS ENTITY	John H. Harland Co.	NA	ME			
BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	John H. Harland Co.	NA	ME DEPENDENT CHIL	D		
			☐ DEPENDENT CHIL	D 1,000 TO 4,999		
STOCK HELD OR ACQUIRED BY	☐ FILER ☐ LESS THAN 100	☒ SPOUSE☒ 100 TO 499☐ 10,000 OR MORE	☐ DEPENDENT CHIL			
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	X SPOUSEX 100 TO 499☐ 10,000 OR MORE☐ \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999	1,000 TO 4,999		
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	X SPOUSEX 100 TO 499☐ 10,000 OR MORE☐ \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE		
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY	FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Pfizer, Inc.	 X SPOUSE X 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE		
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer, Inc. ☐ FILER ☐ LESS THAN 100	 X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA X SPOUSE X 100 TO 499 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	1,000 TO 4,999 \$25,000—OR MORE D		
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer, Inc. ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	 X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA X SPOUSE X 100 TO 499 10,000 OR MORE 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	1,000 TO 4,999 \$25,000—OR MORE D 1,000 TO 4,999		
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer, Inc. ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	 X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE ☐ 1,000 TO 4,999 ☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE		
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer, Inc. ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Monsanto Co.	 X SPOUSE X 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA X SPOUSE X 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NAI 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE ☐ 1,000 TO 4,999 ☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE		
STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY NUMBER OF SHARES IF SOLD NET GAIN NET LOSS BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer, Inc. ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Monsanto Co. ☐ FILER ☐ LESS THAN 100	 ☒ SPOUSE ☒ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA ☒ SPOUSE ☒ 100 TO 499 ☐ 10,000 OR MORE ☒ SPOUSE ☐ 100 TO 499 ☐ 100 TO 499 ☐ 10,000 OR MORE 	□ DEPENDENT CHIL □ 500 TO 999 □ \$10,000 - \$24,999 ME □ DEPENDENT CHIL □ 500 TO 999 □ \$10,000 - \$24,999 ME □ DEPENDENT CHIL □ DEPENDENT CHIL	1,000 TO 4,999		

Texas Ethics Commission P.O. Box	x 12070 Austin, Texas 7	8711-2070	(512)463	-5800 1-800-325 PART (_
MUTUAL FUNDS NOT APPLICABLE				PARI	-
		,		· · · · · · · · · · · · · · · · · · ·	
List each mutual fund and the number acquired during the calendar year a some or all of the shares of a mutur from the sale. For more information. When reporting information about a providing the number under which	and indicate the category on al fund were sold, also ind n, see FORM PFS—INSTF adependent child's activity	of the number of sha icate the category o RUCTION GUIDE r, indicate the child a	res of mutual funds h f the amount of the ne	eld or acquired. If et gain or loss realize	∌d
¹ MUTUAL FUND	Capital World Growth & I		ME		
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MOR	Œ.
MUTUAL FUND	Heartford Divident & Gro		ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000-OR MOR	Œ
MUTUAL FUND	Heartford Global Leaders	NA Fund CL A	ME		
		T UNIC CENT			

SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD **NUMBER OF SHARES** LESS THAN 100 X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE IF SOLD ■ NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000—OR MORE ☐ NET LOSS

Texas Ethics Commission P.O. Box	x 12070 Austin, Texas 7	⁷ 8711_2070	(512)463	-5800	1-800-325-850
MUTUAL FUNDS	A 12010 Additi, Texas i	0711-2070	(312)400	-3000	PART 4
☐ NOT APPLICABLE				٠.	
List each mutual fund and the num acquired during the calendar year a some or all of the shares of a mutu from the sale. For more information When reporting information about a providing the number under which	and indicate the category of al fund were sold, also ind n, see FORM PFSINSTF a dependent child's activity	of the number of sha licate the category on RUCTION GUIDE on, indicate the child a	ares of mutual funds h of the amount of the no	eld or acqu et gain or lo	uired. If oss realized
¹ MUTUAL FUND	Heartford Capital Apprec		ME	•	,
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MOR	☐ 500 TO 999	1,000	ГО 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0-OR MORE
MUTUAL FUND	Heartford Mid Cap Value		ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000	O 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0-OR MORE
MUTUAL FUND	Investment Company of A		ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D	

X 100 TO 499

☐ 10,000 OR MORE

☐ 500 TO 999

 $\ \ \, \square \ \ \, \text{LESS THAN $5,000} \quad \ \ \, \square \ \, \$5,000 - \$9,999 \qquad \ \ \, \square \ \, \$10,000 - \$24,999 \qquad \ \ \, \square \ \, \$25,000 - \text{OR MORE}$

LESS THAN 100

☐ 5,000 TO 9,999

NUMBER OF SHARES

■ NET GAIN

■ NET LOSS

OF MUTUAL FUND

IF SOLD

☐ 1,000 TO 4,999

Texas Ethics Commission

MUTUAL FUNDS				PART 4
☐ NOT APPLICABLE				
List each mutual fund and the number acquired during the calendar year a some or all of the shares of a mutual from the sale. For more information When reporting information about a providing the number under which the sale.	and indicate the category of al fund were sold, also ind n, see FORM PFS–INSTF a dependent child's activity	of the number of sha icate the category o RUCTION GUIDE r, indicate the child a	res of mutual funds h f the amount of the no	eld or acquired. If et gain or loss realized
¹ MUTUAL FUND	Fundamental Investors F		ME	
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	D
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000–OR MORE
MUTUAL FUND	Growth Fund of America	NA	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
MUTUAL FUND	Washington Mutual Inves	NAI stors Fund	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999		☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000-OR MORE
СОРУ	AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

Texas Ethics Commission P.O. Box MUTUAL FUNDS	x 12070 Austin, Texas 7	8711-2070	(512)463-	5800 1-800-325-8 PART 4
☐ NOT APPLICABLE				
List each mutual fund and the numacquired during the calendar year a some or all of the shares of a mutu from the sale. For more information When reporting information about a providing the number under which	and indicate the category of al fund were sold, also ind n, see FORM PFS—INSTR a dependent child's activity	of the number of shar icate the category of RUCTION GUIDE r, indicate the child a	res of mutual funds he the amount of the ne	eld or acquired. If at gain or loss realized
¹ MUTUAL FUND	Capital World Growth & I	ncome NAI	ME	
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHIL	D
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
MUTUAL FUND	Heartford Dividend & Gro	NAM With Fund	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHILI	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
MUTUAL FUND	Heartford Global Leaders	NAN Fund	ME	
CHARTE OF MUTUAL FUND				

TILLE OTT TO CONTENT DI					
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE	
MUTUAL FUND	Heartford Global Leaders		ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHIL	_D	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
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					

MUTUAL FUNDS	Austin, Texas 7	6711-2070	(512)463	PART 4
□ NOT APPLICABLE				rani 4
NOT APPLICABLE				
List each mutual fund and the number acquired during the calendar year a some or all of the shares of a mutual from the sale. For more information When reporting information about a providing the number under which the sale.	and indicate the category of al fund were sold, also ind a, see FORM PFSINSTR adependent child's activity	of the number of sha icate the category o CUCTION GUIDE , indicate the child a	res of mutual funds h f the amount of the ne	eld or acquired. If at gain or loss realized
¹ MUTUAL FUND	Small Cap World Fund	NA	ME .	,
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHIL	D
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
4 IF SOLD	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
		·		
COPY	AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

	nd rents during the calendar ye	ear and indicate the	xcess of \$500 that was derived from category of the amount of the income. For
When reporting information about providing the number under wh			about whom you are reporting by
1 SOURCE OF INCOME	Edward D. Jones	NAME AND AD	DRESS
	105 W. Washington Stephenville, TX 76401		
² RECEIVED BY	☑ FILER	SPOUSE	DEPENDENT CHILD
3 AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000—OR MOR

Texas Ethics Commission	P.O. Box 12	2070 Austin, Tex	as 78711-2070	(512)463	-5800 1-800	-325-8506
INTERESTS IN	REAL F	PROPERTY			PART	7A
□ NOT APPLICABLE			· .		·	
Describe all beneficial inte calendar year. If the interes For an explanation of 'bene INSTRUCTION GUIDE.	est was solo	d, also indicate the c	ategory of the amour	nt of the net gain or loss	realized from the	sale.
When reporting information providing the number under				d about whom you are r	reporting by	
¹ HELD OR ACQUIRED E	BY	X FILER	SPOUSE	DEPENDENT CHIL	LD	
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME AD	S	84 CR 567 Stephenville, TX 7640 rath		ING CITY, COUNTY AND STATE		
3 DESCRIPTION ☐ LOTS ☑ ACRES		NUME 1.844 acres dome	BER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	TED	
4 NAMES OF PERSONS RETAINING AN INTERE NOT APPLICABLE (SEVERED MINERAL INTE	EST					
5 IF SOLD NET GAIN NET LOSS		LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000-OR M	MORE
HELD OR ACQUIRED E	ЗҮ	X FILER	SPOUSE	DEPENDENT CHIL	_D	
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME AD	S	407 S. US Hwy 377 tephenville, TX 7640 trath	·	ING CITY, COUNTY AND STATE		
DESCRIPTION LOTS ACRES	1:	NUME 93.0 acres	BER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCAT	red	
NAMES OF PERSONS RETAINING AN INTERE						
(SEVERED MINERAL INTE	ERESI)					•
IF SOLD NET GAIN NET LOSS		LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000-OR M	/ORE
	COPY A	ND ATTACH ADD	ITIONAL PAGES A	AS NECESSARY		

Texas Ethics Commission P.O.	. Box 12070 Austin, Texas 7	78711-2070	(512)463-5800	1-800-325-850	
INTERESTS IN BUS	SINESS ENTITIES			PART 7B	
☐ NOT APPLICABLE					
Describe all beneficial interests calendar year. If the interest wa For an explanation of 'beneficial INSTRUCTION GUIDE	as sold, also indicate the cate	gory of the amount	of the net gain or loss realized	d from the sale.	
When reporting information abo providing the number under whi			about whom you are reporting) by	
1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	_	
² DESCRIPTION	NAME AND ADDRESS (check if Filer's Home Address)				
	Miller Nursery & Tree Company				
	6407 S. US Hwy 377 Stephenville, TX 76401				
-					
³ IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25	5,000-OR MORE	
HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHILD	_	
DESCRIPTION		NAME AND	ADDRESS Home Address)		
	Lone Oak Landscape L.L.C.	- -	,		
	597 CR 279 Dublin, TX 76446				
IF SOLD					
☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25	i,000-OR MORE	

ACCETS OF D	LICINIECE AC	COCIAT	IONE	(512)463-58	00 1-800-325-8 PART 11A
ASSETS OF B		SOCIATI	IONS		PARI I IA
corporation, professiona dent child held, acquire of the assets. For more	al association, joint ve d, or sold 50 percent e information, see FO tion about a depende	enture, or other or more of the RM PFS–INST ent child's activi	business associa outstanding owne RUCTION GUIDE ty, indicate the ch	limited liability partnership, pation in which you, your spourship and indicate the categot. ild about whom you are repo	use, or a depen- ory of the amount
BUSINESS ASSOCIATION	Lone Oak Landscap		AND ADDRESS	(Check if Filer's Home Address)	
	597 CR 279 Dublin, TX 76446				
BUSINESS TYPE	Limited Liability Part	nership		And the state of t	
HELD, ACQUIRED, OR SOLD BY	⊠ FI	LER	SPOUSE	DEPENDENT CHILD	
4 ASSETS	Machinery & Tools	DESCRIPTION		CATE	GORY
	Widominory & Foolo			☑ LESS THAN \$5,000	\$5,000 - \$9,999
				1 \$10,000 - \$24,999	\$25,000-OR MO
		•			
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Y					

P.O. Box 12070

1-800-325-8506

PART 12 BOARDS AND EXECUTIVE POSITIONS ■ NOT APPLICABLE 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. Miller Nursery & Tree Company ¹ ORGANIZATION 2 POSTITION HELD Owner ³ POSITION HELD BY X FILER ☐ SPOUSE ☐ DEPENDENT CHILD Erath Excel! Academy **ORGANIZATION Executive Director POSTITION HELD POSITION HELD BY** X SPOUSE ☐ FILER ☐ DEPENDENT CHILD Lone Oak Landscape L.L.P. **ORGANIZATION** Member **POSTITION HELD POSITION HELD BY** X FILER ☐ SPOUSE DEPENDENT CHILD _ **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

INTEREST IN BUS	INESS IN COM	MON WITH LO	OBBYIST	PART 14
☐ NOT APPLICABLE				
Identify each corporation, firm, sional association, joint venture spouse, or a dependent child, a an interest. For more informati	e, or other business associ and a person registered as	iation, other than a pu s a lobbyist under cha	ublicly-held corporation, in wh	nich you, your
¹ BUSINESS ENTITY		NAME AND A	ADDRESS	
	E Campus Nation LP			
	Center, TX			
² INTEREST HELD BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY		NAME AND A	ADDRESS	
	E Communication Advant	age		
	Hwy 290 East Austin, TX			
INTEREST HELD BY	X FILER	SPOUSE	DEPENDENT CHILD _	
		;		
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C	OPY AND ATTACH ADD	NITIONAL PAGES A	AS NECESSARY	

(512)463-5800

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

P.O. Box 12070

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

	,
□ 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 Lease Agreements
□ 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 - Expenses Accepted Under Honorarium Exception
□ N/A	Part 14 - Interest in Business in Common 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
	·

Texas Ethics Commission

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verfied. The verfication 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.

Austin, Texas 78711-2070

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2011, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



AFFIX NOTARY STAMP / SEAL ABOVE

id Miller this the 13th pay of april , 20 11, se.

Pam Thacker Mohay Public Sworn to and subscribed before me by

to certify which, witness my hand and seal of office.