exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512)463-5800	1-800-325-8506
PERSONAL F	FINANCIAL	STATEMENT		FORM PFS COVER SHEET
		r 572 of the Government Code.	PAGE# Pag	je 1 of 35
		indar year ending December 31, <u>20</u> GUIDE when completing this form.	000 ACCOUNT #	51407
1 NAME	TITLE, FIRST, MI		OFFICE	USE ONLY
		eui	Date Received ND	DELIVERED CEIVED
	NICKNAME, LAST, SUFF Ken Paxto	IX	I	282013 m×
2 ADDRESS			Texas Ethi	cs Commissio
	5613 S Woodcr McKinney, TX		Receipt#	
	Wickinitey, 17	73071	HDPM 6/28	Amount
		FILER'S HOME ADDRESS)	PROCESSED J	UN 2 8 2013
3 TELEPHONE NUMBER	(972) 540-1038		Date Imaged	
4 REASON FOR FILING STATEMENT	☐ CANDIDATE			(INDICATE OFFICE)
	☑ ELECTED OF	FICER State Senate (District 8)		(INDICATE OFFICE)
	☐ APPOINTED	OFFICER		_ (INDICATE AGENCY)
	☐ EXECUTIVE	HEAD		(INDICATE AGENCY)
	☐ FORMER OR	RETIRED JUDGE SITTING BY ASSIG	GNMENT	
	☐ STATE PART	Y CHAIR		_ (INDICATE PARTY)
	OTHER			(INDICATE POSITION)
		u are reporting (filer must report informal actual control over that activity):	ation about the financial acti	vity of the filer's
SPOUSE	Angela Paxton			
DEPENDENT CHILD	1.			
	2.			
	3			

1-800-325-8506

SOURCES OF OCC	UPATIONAL	INCOME	PAR	T 1A		
☐ NOT APPLICABLE						
When reporting information about providing the number under which	it a dependent child's th the child is listed or	activity, indicate the child n the Cover Sheet.	about whom you are reporting by			
1 INFORMATION RELATES TO	☑ FILER	☐ SPOUSE	☐ DEPENDENT CHILD			
2 EMPLOYMENT			MPLOYER / POSITION HELD			
X EMPLOYED BY ANOTHER	The State of Texa		's Home Address)			
	The State of Texas The House of Representatives PO Box 2910 Austin, TX 78768-2910					
	State Representa	tive District 70				
SELF-EMPLOYED	State Representa		OCCUPATION			
INFORMATION RELATES TO	⊠ FILER	☐ SPOUSE	DEPENDENT CHILD			
EMPLOYMENT			EMPLOYER / POSITION HELD r's Home Address)			
☐ EMPLOYED BY ANOTHER	W. Kenneth Paxt	 ·				
	5613 S Woodcre McKinney, TX 7	ek Cir				
	attorney					
X SELF-EMPLOYED		NATURE OF	OCCUPATION			
INFORMATION RELATES TO						
	X FILER	☐ SPOUSE	DEPENDENT CHILD	ar .		
EMPLOYMENT			EMPLOYER / POSITION HELD			
☐ EMPLOYED BY ANOTHER	TAMKA LLC	(Check if File	r's Home Address)			
	201 W Virginia S McKinney, TX 7	t 5069				
	title company					
SELF-EMPLOYED		NATURE OF	OCCUPATION			
~~	OPY AND ATTACH	ADDITIONAL PAGES A	S NECESSARY			
1 C(JET AND ATTACIT	ANDITIONAL PAGES A	IO HECEOCHIII			

Texas Ethics Commission	P.O. Box 120	070 Austin, Texas 7	8711-2070	(512)463-	5800	1-800-32	5-8506
STOCK						PART	2
☐ NOT APPLICABLE							
List each business entity ir and indicate the category of category of the amount of INSTRUCTION GUIDE.	of the numbe	er of shares held or acq	uired. If some or all	of the stock was sold	d, also indic		
When reporting information providing the number under				oout whom you are re	eporting by		
¹ BUSINESS ENTITY		COPsync Inc	NA	ME			
2 STOCK HELD OR ACQ	UIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D		
³ NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499 ☒ 10,000 OR MORE	☐ 500 TO 999	1,000 To	O 4,999	
0025	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MO	RE
BUSINESS ENTITY		Servergy, Inc.	NA	ME			
STOCK HELD OR ACQ	UIRED 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	
	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000)OR MO	RE
		ND ATTACH ADDITI					

MUTUAL FUNDS				PART 4	
☐ 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 PFSINSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.					
¹ MUTUAL FUND	Aggressive Allocation - G	NAI S4	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	☐ 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	DGEIX	NAI	ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND	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 MORE	
MUTUAL FUND	DFSCX	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	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 MORE	
COPY	AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY		

MUTUAL FUNDS				PART 4		
☐ NOT APPLICABLE						
acquired during the calendar year a some or all of the shares of a mutua from the sale. For more information When reporting information about a	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 PFSINSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.					
¹ MUTUAL FUND	DFEMX	NAñ	ИE			
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	\$25,000OR MORE		
MUTUAL FUND	DFLCX	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	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE		
MUTUAL FUND	DFSVX	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		☐ 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 MORE		
COP	AND ATTACH ADDITI	ONAL PAGES AS	NECESSARY			

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 DFEVX ² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD _____ 3 NUMBER OF SHARES 100 TO 499 X 1,000 TO 4,999 LESS THAN 100 500 TO 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 DFISX** SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD _____ NUMBER OF SHARES LESS THAN 100 ☐ 100 TO 499 500 TO 999 X 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 NAME **MUTUAL FUND DFSVX** SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER ☐ SPOUSE DEPENDENT CHILD ____ NUMBER OF SHARES ☐ 100 TO 499 X 1,000 TO 4,999 LESS THAN 100 500 TO 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 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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	nd indicate the category o al fund were sold, also indi n, see FORM PFSINSTR dependent child's activity,	f the number of shar cate the category of UCTION GUIDE , indicate the child al	res of mutual funds he the amount of the ne	eld or acquired. If of gain or loss realized
¹ MUTUAL FUND	DFEMX	NAf	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	☐ 100 TO 499 ☐ 10,000 OR MORE	X 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 MORE
MUTUAL FUND	DFLCX	NAI	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 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	X \$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
MUTUAL FUND	DFSVX	NA	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999 E	X 1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
COPY	Y AND ATTACH ADDITI	ONAL PAGES AS	NECESSARY	

P.O. Box 12070

MUTUAL FUNDS				PART 4
☐ NOT APPLICABLE				
List each mutual fund and the numb acquired during the calendar year a some or all of the shares of a mutua from the sale. For more information When reporting information about a providing the number under which the	nd indicate the category of al fund were sold, also indi a, see FORM PFSINSTR dependent child's activity,	f the number of shar cate the category of UCTION GUIDE indicate the child al	es of mutual funds he the amount of the ne	eld or acquired. If t gain or loss realized
¹ MUTUAL FUND	FAFFX	NAN	ΛΕ	
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	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999	X 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 MORE
MUTUAL FUND	VPMCX	NAf	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	☐ 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	\$25,000OR MORE
MUTUAL FUND	VTSMX	NAI	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	☐ 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	\$25,000OR MORE
COPY	Y AND ATTACH ADDITI	ONAL PAGES AS	NECESSARY	

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.	nd indicate the category o al fund were sold, also indi n, see FORM PFSINSTR dependent child's activity	f the number of shar cate the category of UCTION GUIDE , indicate the child a	res of mutual funds he the amount of the ne	eld or acquired. If t gain or loss realized
¹ MUTUAL FUND	DFUSX	NAI	ME	
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
3 NUMBER OF SHARES OF MUTUAL FUND	☐ 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	\$25,000OR MORE
MUTUAL FUND	DISVX	NA	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	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	\$25,000OR MORE
		ONAL DA050 40	NECECCADY	
COP	Y AND ATTACH ADDITI	UNAL PAGES AS	NECESSARY	

1-800-325-8506

PART 5 **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS** ☐ NOT APPLICABLE List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS ¹ SOURCE OF INCOME The Vanguard Group PO Box 2600 Valley Forge, PA 19482-2600 ² RECEIVED BY X FILER X SPOUSE DEPENDENT CHILD 3 AMOUNT \$500 - \$4,999 NAME AND ADDRESS SOURCE OF INCOME XTO Energy 810 Houston Street Fort Worth, TX 76102-6298 RECEIVED BY X FILER X SPOUSE □ DEPENDENT CHILD _____ **AMOUNT** X \$10,000 - \$24,999 ☐ \$25,000--OR MORE \$5,000 - \$9,999 \$500 - \$4,999 NAME AND ADDRESS SOURCE OF INCOME TD Ameritrade PO Box 2237 Omaha, NE 68103-2237 **RECEIVED BY** X SPOUSE X FILER □ DEPENDENT CHILD _____ **AMOUNT** \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE X \$500 - \$4,999 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PART 5 INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS ■ NOT APPLICABLE List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS ¹ SOURCE OF INCOME Bank of the Ozarks 7197 Lebanon Road Frisco, TX 75034 ² RECEIVED BY X FILER ☐ SPOUSE DEPENDENT CHILD _____ ³ AMOUNT **X** \$500 - \$4,999 \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000--OR MORE NAME AND ADDRESS SOURCE OF INCOME Victoria Energy 121 S Main Street Farmersville, TX 75442 **RECEIVED BY** X FILER ☐ SPOUSE DEPENDENT CHILD _____ **AMOUNT** \$500 - \$4,999

PART 6 PERSONAL NOTES AND LEASE AGREEMENTS ☐ NOT APPLICABLE Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. ¹ PERSON OR INSTITUTION First Financial Bank HOLDING NOTE OR LEASE AGREEMENT ² LIABILITY OF X FILER X SPOUSE DEPENDENT CHILD ³ GUARANTOR ⁴ AMOUNT \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000--OR MORE \$1,000 - \$4,999 PERSON OR INSTITUTION Alliance Bank Central Texas HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF X FILER SPOUSE ■ DEPENDENT CHILD **GUARANTOR AMOUNT** \$5,000 - \$9,999 \$10,000 - \$24,999 \$\times\$ \$25,000--OR MORE \$1,000 - \$4,999 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL	PROPERTY			PART 7A
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was a For an explanation of 'beneficial in INSTRUCTION GUIDE.	sold, also indicate the cat	tegory of the amoun	t of the net gain or loss	realized from the sale.
When reporting information about providing the number under which			l about whom you are r	eporting by
¹ HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	5613 S Woodcreek Cir McKinney, TX 75071 Collin	STREET ADDRESS, INCLUDIO	NG CITY, COUNTY AND STATE	
3 DESCRIPTION	NUMBE	ER OF LOTS OR ACRES AND I	NAME OF COUNTY WHERE LOCA	ſED
X LOTS ☐ ACRES	1 lot Collin			
A 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
COP	Y AND ATTACH ADDI	TIONAL PAGES A	S NECESSARY	

Texas Ethics Commission P.O.	Box 12070 Austin, Texas 7	'8711-2070	(512)463-5800	1-800-325-8506
INTERESTS IN BUS				PART 7B
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	j by
¹ HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
² DESCRIPTION	KEP Belclaire Parking LTD 6205 Chapel Hill Blvd Suite 500 Plano, TX 75093	NAME AND	O ADDRESS s Home Address)	
³ IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25	5,000OR MORE
HELD OR ACQUIRED BY	☐ FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	Premier Vertical Properties I 201 W Virginia Street McKinney, TX 75069	 ·	O ADDRESS is Home Address)	
IF SOLD				

■ NET GAIN

■ NET LOSS

DESCRIPTION

IF SOLD

■ NET GAIN

■ NET LOSS

HELD OR ACQUIRED BY

X FILER

RSKA Holdings LLC

201 W Virginia Street McKinney, TX 75069

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

☐ SPOUSE

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

NAME AND ADDRESS

(check if Filer's Home Address)

DEPENDENT CHILD _

PART 7B INTERESTS IN BUSINESS ENTITIES ☐ NOT APPLICABLE Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest' and other specific directions for completing this section, see FORM PFS--**INSTRUCTION GUIDE** When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. ¹ HELD OR ACQUIRED BY X FILER ☐ SPOUSE ■ DEPENDENT CHILD NAME AND ADDRESS ² DESCRIPTION (check if Filer's Home Address) Burleson Future Investments LLC 232 NW Tarrant Burleson, TX 76028 ³ IF SOLD ■ NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE ☐ NET LOSS HELD OR ACQUIRED BY X FILER ☐ SPOUSE DEPENDENT CHILD ___ NAME AND ADDRESS **DESCRIPTION** (check if Filer's Home Address) Burleson Premier Real Estate Investments, LP 232 NW Tarrant Burleson, TX 76028 IF SOLD ■ NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE ■ NET LOSS HELD OR ACQUIRED BY DEPENDENT CHILD _____ X FILER ☐ SPOUSE NAME AND ADDRESS DESCRIPTION (check if Filer's Home Address) Washington 1417 LP 6850 TPC Drive Suite 210 McKinney, TX 75070 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

INTERESTS IN BUS	INESS ENTITIES		PART 7B		
☐ NOT APPLICABLE					
Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest' and other specific directions for completing this section, see FORM PFSINSTRUCTION GUIDE					
	When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.				
¹ HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD		
² DESCRIPTION	Eldorado-Collin LP 802 East 15th Street Plano, TX 75074	NAME AND (check if Filer's	ADDRESS Home Address)		
³ 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	X FILER	SPOUSE	DEPENDENT CHILD		
DESCRIPTION		NAME AND (check if Filer's	ADDRESS Home Address)		
	Collin-Highway 5 LP				
	802 East 15th Street Plano, TX 75074				
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	X FILER	SPOUSE	DEPENDENT CHILD		
DESCRIPTION		NAME AND (check if Filer's			
	W. Kenneth Paxton, Jr. PLL0	С			
	5613 S Woodcreek Cir McKinney, TX 75071				
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	5 5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Texas Ethics Commission P.O.	Box 12070 Austin, Texas 7	8711-2070	(512)463-5800	1-800-325-8506
INTERESTS IN BUS	SINESS ENTITIES			PART 7B
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was For an explanation of 'beneficial INSTRUCTION GUIDE	s sold, also indicate the cated	gory of the amount o	of the net gain or loss realized	d from the sale.
When reporting information about providing the number under which			about whom you are reporting	g by
¹ HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
² DESCRIPTION	Enforcement Video LLC	NAME AND (check if Filer's	ADDRESS s Home Address)	
	415 Century Parkway Allen, TX 75013			
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 S25	5,000OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	TRT Enterprises LLC 14331 Proton Road Dallas, TX 75244	NAME AND	ADDRESS s Home Address)	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$2 4 ,999 \$25	5,000OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION		NAME AND	ADDRESS	·

Realty America Group Investments LLC

4809 Cole Ave Suite 200 Dallas, TX 75205

DESCRIPTION

IF SOLD

■ NET GAIN

☐ NET LOSS

(check if Filer's Home Address)

INTERESTS IN BUS	SINESS ENTITIES		PART 7B	
☐ NOT APPLICABLE				
calendar year. If the interest wa	s sold, also indicate the categ	ory of the amount o	spouse, or a dependent child during the of the net gain or loss realized from the sale. ing 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	YOUTOO Media LP F/K/A C		Home Address)	
	6565 N Macarthur Blvd Suite 400 Irving, TX 75039			
3 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	X FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	NAME AND ADDRESS (check if Filer's Home Address)			
	Attic & Filter Services LLC			
	7548 Preston Rd #141-243 Frisco, TX 75034			
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000	S5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE	
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION		NAME AND (check if Filer's		
	Unity Resources LLC			
	5600 Tennyson Parkway Suite 115 Plano, TX 75024			
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE	
CC	DPY AND ATTACH ADDITE	ONAL PAGES AS	NECESSARY	

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512)463-5800	1-800-325-850

INTERESTS IN BUS	INESS ENTITIES			PART 7B
☐ NOT APPLICABLE				
Describe all beneficial interests i calendar year. If the interest was For an explanation of 'beneficial INSTRUCTION GUIDE When reporting information about providing the number under which	s sold, also indicate the categ interest' and other specific di at a dependent child's activity	ory of the amount of rections for complet , indicate the child a	of the net gain or loss realized ing this section, see FORM P	from the sale. FS
¹ HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
² DESCRIPTION	SE Lake Murray Marina LP 8333 Douglas Ave Suite 950 Dallas, TX 75225	NAME AND (check if Filer's	ADDRESS Home Address)	
3 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	X FILER	SPOUSE	DEPENDENT CHILD	•
DESCRIPTION	NAME AND ADDRESS (check if Filer's Home Address)			
	FGNM Properties LLC	 ·		
	1420 W Exchange Parkway Allen, TX 75013			
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	X FILER	SPOUSE	DEPENDENT CHILD	-
DESCRIPTION		NAME AND (check if Filer's		
	Algeternal Technologies LLC	;		
	5316 West Highway 290 Suite 200 austin, TX 78735			
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25	,000OR MORE
cc	PY AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

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

INTERESTS IN BUS	SINESS ENTITIES		Annual Annual of	PART 7B
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was For an explanation of 'beneficial INSTRUCTION GUIDE When reporting information about providing the number under whice	s sold, also indicate the cate interest' and other specific di ut a dependent child's activity	gory of the amount of rections for complet , indicate the child a	of the net gain or loss rea ling this section, see FOF	lized from the sale. RM PFS
¹ HELD OR ACQUIRED BY	X FILER	☐ SPOUSE	DEPENDENT CHILD	
² DESCRIPTION	Huntington Creek Capital IV 5301 Village Creek Dr Suite A Plano, TX 75093	NAME AND ☐ (check if Filer's LLC		
³ IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999] \$25,000OR MORE
CC	PY AND ATTACH ADDITI	ONAL PAGES AS	NECESSARY	

PART 11A ASSETS OF BUSINESS ASSOCIATIONS ☐ NOT APPLICABLE Describe all assets of each coporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS X (Check if Filer's Home Address) **BUSINESS** W. Kenneth Paxton, Jr. PLLC ASSOCIATION 5613 S Woodcreek Cir McKinney, TX 75071 ² BUSINESS TYPE **PLLC** ³ HELD, ACQUIRED, X FILER ☐ SPOUSE □ DEPENDENT CHILD ___ OR SOLD BY DESCRIPTION CATEGORY 4 ASSETS Office Furniture & Fixtures X LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE Computer hardware and software X LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE

PART 11A ASSETS OF BUSINESS ASSOCIATIONS ■ NOT APPLICABLE Describe all assets of each coporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS (Check if Filer's Home Address) **BUSINESS** Premiere Vertical Properties LP **ASSOCIATION** 201 W Virginia St McKinney, TX 75069 ² BUSINESS TYPE Limited Partnership ³ HELD, ACQUIRED, X FILER SPOUSE ■ DEPENDENT CHILD ___ OR SOLD BY CATEGORY 4 ASSETS DESCRIPTION Cell tower ☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000--OR MORE

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7871	1-2070		(512)463-580	00 1-	800-325-850
ASSETS OF B	USINESS AS	SOCIATION	IS			PAR	т 11А
☐ NOT APPLICABLE							
Describe all assets of eacorporation, professional dent child held, acquired of the assets. For more When reporting informat providing the number un	I association, joint ve I, or sold 50 percent of information, see FOF ion about a depender	nture, or other busi or more of the outst RM PFSINSTRUC nt child's activity, in	ness associ anding own TION GUID dicate the cl	ation in which y ership and indic E.	ou, your spou cate the catego	se, or a de ory of the a	pen-
¹ BUSINESS ASSOCIATION	TAMKA LLC	NAME AND A	ADDRESS	(Check if Filer	's Home Address)		
	201 W Virginia St McKinney, TX 75069)					
² BUSINESS TYPE	Limited Liability Com	pany					
³ HELD, ACQUIRED, OR SOLD BY	X FII	ER [SPOUSE	☐ DEPE	ENDENT CHILD		
⁴ ASSETS	Office equipment	DESCRIPTION			CATE	GORY	
					THAN \$5,000		
	 			\$10,0	00 - \$24,999	\$25,000)OR MORE

Texas Ethics Commission P.O. Box 12070 (512)463-5800 1-800-325-8506 Austin, Texas 78711-2070 **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. Centennial Medical Center ¹ ORGANIZATION ² POSTITION HELD **Board Member** 3 POSITION HELD BY X FILER SPOUSE DEPENDENT CHILD _____ Prestonwood Pregnancy Center **ORGANIZATION Board Member POSTITION HELD** POSITION HELD BY X FILER SPOUSE DEPENDENT CHILD _____ **RSKA Holdings LLC ORGANIZATION** President **POSTITION HELD** POSITION HELD BY X FILER ☐ SPOUSE DEPENDENT CHILD _____ TAMKA LLC ORGANIZATION President POSTITION HELD POSITION HELD BY X FILER ☐ SPOUSE DEPENDENT CHILD _____ Unity Resources, LLC **ORGANIZATION** Manager **POSTITION HELD** POSITION HELD BY DEPENDENT CHILD ____ X FILER SPOUSE

	P.O. Box 12070	Austin, Texas	<u>"</u>	(512)463-5800	1-800-325-850
BOARDS AND EX	KECUTIVE	POSITION	DNS		PART 12
■ NOT APPLICABLE					
your spouse, or a dependent ships, professional corporation	t child hold in cor ons, professiona	porations, firm I associations,	s, partnerships, lim joint ventures, othe	a member and all executive po ited partnerships, limited liabilit er business associations, or pro on, see FORM PFSINSTRUC	y partner- prietorships,
When reporting information a providing the number under				d about whom you are reporting	g by
ORGANIZATION	W. Kenneth	Paxton, Jr. PLL	С		11 . M. 114 . MA S S.P. PRAVIOUS
POSTITION HELD	President				11-11-11-11-11-11-11-11-11-11-11-11-11-
POSITION HELD BY	X F	LER	SPOUSE	DEPENDENT CHILD	_
ORGANIZATION	City of Allen	- Tax Incremen	t Financing Reinves	tment Zone #1	
POSTITION HELD	Board Memb	per			
POSITION HELD BY	X F	LER	SPOUSE	DEPENDENT CHILD	_

1-800-325-8506 P.O. Box 12070 **PART 15** FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER ■ NOT APPLICABLE Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE. PERSON OR ENTITY Frinzi, James (Mr.) FOR WHOM SERVICES WERE PROVIDED ² FEE CATEGORY X LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000--OR MORE

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

1-800-325-8506

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

F.O. Box 12070 Austin, Texas 70711-2070 (012) 100 300

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, **2012**, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

W. Krunth Vart
Signature of Filer



Notary without Bond

AFFIX NOTARY STAMP / SEAL ABOVE

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

Delicia Sams

Title of officer administering oath

gnature of officer administering oath

TX-PFS Software Version 1.1.0