

# PERSONAL FINANCIAL STATEMENT

## FORM PFS COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2014 covering calendar year ending December 31, 2013.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

5

ACCOUNT #

000 699884

NAME

TITLE: FIRST, MI

Ms. Megan R

NICKNAME: LAST, SUFFIX

DaGata

ADDRESS

ADDRESS / PO BOX: APT / SUITE #, CITY: STATE: ZIP CODE

1903 Little Street  
La Marque, TX 77568



(CHECK IF FILER'S HOME ADDRESS)

TELEPHONE  
NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

( 832 ) 340-3787

OFFICE USE ONLY

Date Received

RECEIVED

JAN 23 2014

Texas Ethics Commission

Receipt #

HD / PPM

Amount

PROCESSED JAN 25 2014

Date Imaged

REASON  
FOR FILING  
STATEMENT



CANDIDATE Member, State Board of Education

(INDICATE OFFICE)



ELECTED OFFICER \_\_\_\_\_

(INDICATE OFFICE)



APPOINTED OFFICER \_\_\_\_\_

(INDICATE AGENCY)



EXECUTIVE HEAD \_\_\_\_\_

(INDICATE AGENCY)



FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT



STATE PARTY CHAIR \_\_\_\_\_

(INDICATE PARTY)



OTHER \_\_\_\_\_

(INDICATE POSITION)

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

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. Elijah Daniel Timmons

2. Michael Wayne Timmons

3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

5

R: 601436

# PERSONAL FINANCIAL STATEMENT

COVER SHEET  
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

## 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and 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

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER   <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)  Oil States Energy Services, Inc. 333 Clay Street, Suite 2100 Houston, TX 77002  Position Held: Purchasing Administrator  <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION  Capital Purchasing
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER   <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)        <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER   <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)        <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# GIFTS

# PART 8

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify any person or organization that has given a gift worth more than \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> DONOR	NAME AND ADDRESS
	Clear Creek Community Church 999 Egret Bay Blvd. North League City, TX 77573
<b>2</b> RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> DESCRIPTION OF GIFT	Assistance covering living expenses
<hr/>	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
<hr/>	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

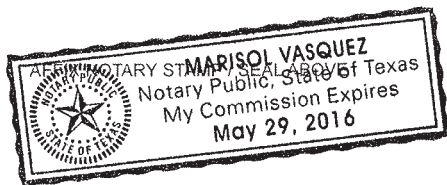
**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2013, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

*Megan R. Dagata*  
Signature of Filer



Sworn to and subscribed before me, by the said Megan Dagata this the 21<sup>st</sup> day of January, 2014, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Marisol Vasquez Notary

Print name of officer administering oath

Title of officer administering oath