

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:

Page 1 of 12

ACCOUNT #

00066222

OFFICE USE ONLY

Date Received

RECEIVED

JAN 24 2014

Texas Ethics Commission

Receipt #

HD / PM

Amount

PROCESSED JAN 28 2014

Date Imaged

NAME

TITLE; FIRST; MI

Dr. Jesse D.

NICKNAME; LAST; SUFFIX

JD Sheffield

ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

601 Indian Hills Rd.
Gatesville, TX 76528

(CHECK IF FILER'S HOME ADDRESS)

TELEPHONE
NUMBER

AREA CODE PHONE NUMBER; EXTENSION

(254) 865-8040

REASON
FOR FILING
STATEMENT

- CANDIDATE _____ (INDICATE OFFICE)
- ELECTED OFFICER State Representative District 59 (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 Regina Kay Sheffield

DEPENDENT CHILD 1. Not Applicable

2. _____

3. _____

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

12

R: 601836

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.

<p>1 INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>2 EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>Discovery Medical Network 2950 50th Street Lubbock, TX 79413</p> <hr/> <p>NATURE OF OCCUPATION Family Practice Physician</p>
<p>INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input checked="" type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input checked="" type="checkbox"/> (Check if Filer's Home Address)</p> <p>JD & Regina Sheffield - Farm Income (Form 1040, Schedule F) 601 Indian Hills Rd. Gatesville, TX 76528</p> <hr/> <p>NATURE OF OCCUPATION Owner</p>
<p>INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>Hillcrest Family Health Centers Waco, TX 76708</p> <hr/> <p>NATURE OF OCCUPATION Family Practice Physician</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

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

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

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

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

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS**PART 4**

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

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 MUTUAL FUND	NAME Fidelity FMT CO CUST IRA
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME Allianz 000DAG14367 Non-Qualified VA
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME Allianz 000DAG14366 IRA
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

MUTUAL FUNDS

PART 4

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

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 MUTUAL FUND	NAME Fidelity RCT564699
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME Fidelity RCT564745
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

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

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 SOURCE OF INCOME	NAME AND ADDRESS Educators Credit Union PO Box 20728 Waco, TX 76707-6528
2 RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

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

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First National Bank of Evant
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	<input checked="" type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citi Mortgage
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

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

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	601 Indian Hills Rd. Gatesville, TX 76528, Coryell County
3 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 62.5 Coryell County
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Citi Mortgage
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

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

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input checked="" type="checkbox"/> (Check If Filer's Home Address) JD & Regina Sheffield - Farm Income (Form 1040, Schedule F) 601 Indian Hills Rd. Gatesville, TX 76528
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS**PART 12**

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

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

¹ ORGANIZATION	Levita Volunteer Fire Department
² POSITION HELD	Board Member
³ POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Gatesville Care Center
POSITION HELD	Board Member
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Coryell Memorial Hospital
POSITION HELD	Board Member
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Coryell Medical Clinic
POSITION HELD	Medical Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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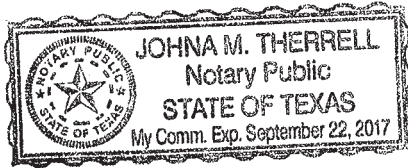
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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.

J.D. Sheffield

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J. D. Sheffield this the 21 day of January, 20 14, to certify which, witness my hand and seal of office.

Johna M. Therrell Johna M. Therrell Notary public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath