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

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

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

TOTAL NUMBER OF PAGES FILED: 5

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OFFICE USE ONLY

Date Received

RECEIVED
JAN 23 2014
Texas Ethics Commission

Receipt #

HD / PM 1-21-14 Amount

Date Processed PROCESSED JAN 26 2014

Date Imaged

NAME

TITLE; FIRST; MI: Mr. Shannon D.

NICKNAME; LAST; SUFFIX: Thomason

ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 1723 Big Spring, Texas 79721

☐ (CHECK IF FILER'S HOME ADDRESS)

TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION: (432) 279-0722

REASON FOR FILING STATEMENT

- ☑ CANDIDATE Texas House, District 72 (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 Emily Lyn Thomason

DEPENDENT CHILD 1. _____

2. _____

3. _____

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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R: 601539

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) R2 R & D, LLC 610 S. Main St. Big Spring, Texas 79720
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Chief Pilot
INFORMATION RELATES TO	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) R2 R & D, LLC. 610 S. Main St. Big Spring, Texas 79720
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Customer Service Rep.
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address)
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

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	Cosden Federal Credit Union, Big Spring, Texas
2 LIABILITY OF	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	none
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Harley Davidson Credit Corp., Palatine, IL.
LIABILITY OF	☐ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	none
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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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.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

NORMA A. GARCIA
Notary Public, State of Texas
My Commission Expires
May 15, 2016

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

Norma A Garcia — Norma A. Garcia — Notary

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