

# PERSONAL FINANCIAL STATEMENT

FORM PFS  
COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2016, covering calendar year ending December 31, 2015.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
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ACCOUNT #  
00051651

1 NAME	TITLE; FIRST; MI The Honorable Drew	<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 02/12/2016	
	NICKNAME; LAST; SUFFIX Darby		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP PO Box 3284  San Angelo, TX 76902  <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
		HD / PM	Amount
		Date Processed	
		Date Imaged	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (325) 653-8830		
4 REASON FOR FILING STATEMENT	<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)		
	<input checked="" type="checkbox"/> ELECTED OFFICER State Representative, District 72 (INDICATE OFFICE)		
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)		
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)		
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT		
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)		
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)		

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

SPOUSE Mrs. Clarisa Darby

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).

# 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	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 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) EMPLOYER  Darby Title, Inc. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 136 W. Twohig  San Angelo, TX 76903  POSITION HELD President  NATURE OF OCCUPATION		
INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
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) EMPLOYER  Surety Land Services, Inc. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 136 W. Twohig  San Angelo, TX 76903  POSITION HELD President  NATURE OF OCCUPATION		
INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
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) EMPLOYER  Darby Law Firm PLLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 136 W. Twohig  San Angelo, TX 76903  POSITION HELD President/Owner  NATURE OF OCCUPATION		

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

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1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	<input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER		
	Jackson Walker L.L.P.		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	100 Congress Ave.		
	#1100		
	Austin, TX 78701		
	POSITION HELD		
	Of Counsel		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

# RETAINERS

## PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FEE RECEIVED FROM	NAME AND ADDRESS Western Shamrock Corporation ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 801 S. Abe San Angelo, TX 76903
2 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS <u>Darby Law Firm PLLC</u>  <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____  <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	<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

# STOCK

## PART 2

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 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 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	NAME West Texas Abstract and Title, Inc.
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <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 type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME Surety Data Services, Inc.
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <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

BUSINESS ENTITY	NAME San Angelo Abstract Co., Inc.
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <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

BUSINESS ENTITY	NAME Surety Land Services, Inc.
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <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

# STOCK

## PART 2

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 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 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	NAME Darby Title, Inc.			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
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 type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME Double D Title, Inc.			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
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

BUSINESS ENTITY	NAME Sisters Development Corporation, Inc.			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
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

BUSINESS ENTITY	NAME Riverwood Sales, Inc.			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K	<input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
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

# STOCK

## PART 2

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 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 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	NAME Kachina Pipeline, Inc.			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<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 type="checkbox"/> \$25,000--OR MORE	

# 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 Le Clair Operating ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1009 Petroleum  Abilene, TX 76902
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input 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



# 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	US Bank			
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 GUARANTOR				
4 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	Compass BBVA			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input checked="" 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	TIB MORTGAGE			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input checked="" 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	Crockett Bank			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input checked="" 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

# 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.

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Staten Realty, LLC
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	
4 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

# 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	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1221 Paseo de Vaca San Angelo, TX 76901
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Tom Green
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
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 checked="" 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 463 Ranch Road 1120 Leakey, TX 78873
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Real
NAMES OF PERSONS RETAINING AN INTEREST <input checked="" 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

# 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 type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1036 Liberty Park Drive #10 Austin, TX 78746
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Travis
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
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 checked="" 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 3 W. 6th St Robert Lee, TX 76945
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Coke
NAMES OF PERSONS RETAINING AN INTEREST <input checked="" 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

# INTEREST 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 type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)  NancyDrew LLC 136 W. Twohig  San Angelo, TX 76903
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 checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)  Darby Law Firm PLLC 136 W. Twohig  San Angelo, TX 76903
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 checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)  Staten Realty LLC PO Box 991  Brady, TX 76825
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

# 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.

1 DONOR	<div>NAME AND ADDRESS</div> <div>Energy Resources Committee</div> <div>ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE</div> <div>PO Box 2910</div> <div>Austin, TX 78768</div>
2 RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	\$900 McBride's Gift Certificate from all members of Energy Resources Committee

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11A

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Describe all assets of each corporation, 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.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Darby Title, Inc. 136 W. Twohig  San Angelo, TX 76903																
2 BUSINESS TYPE	Land Title Insurance																
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																
4 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>Furniture and fixtures</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr><tr><td>Equipment</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Furniture and fixtures	<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	Equipment	<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
DESCRIPTION	CATEGORY																
Furniture and fixtures	<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															
Equipment	<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															

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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 ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Riverwood Sales 136 W. Twohig  San Angelo, TX 76903	
2 BUSINESS TYPE	Real Estate Investment	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION Furniture and fixtures	CATEGORY <input checked="" 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



# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11A

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Describe all assets of each corporation, 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.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Double D Title, Inc. 136 W. Twohig  San Angelo, TX 76903																
2 BUSINESS TYPE	Land Title Insurance																
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																
4 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>Furniture and fixtures</td><td><input checked="" type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input type="checkbox"/> \$25,000 OR MORE</td></tr><tr><td>Equipment</td><td><input checked="" type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input type="checkbox"/> \$25,000 OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Furniture and fixtures	<input checked="" 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	Equipment	<input checked="" 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
DESCRIPTION	CATEGORY																
Furniture and fixtures	<input checked="" 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															
Equipment	<input checked="" 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															

# ASSETS OF BUSINESS ASSOCIATIONS

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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 ASSOCIATION	<div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check If Filer's Home Address)</div> <div>West Texas Abstract and Title, Inc.</div> <div>136 W. Twohig</div> <div>San Angelo, TX 76903</div>						
2 BUSINESS TYPE	Land Title Insurance						
3 HELD, ACQUIRED, OR SOLD BY	<div><input checked="" type="checkbox"/> FILER</div> <div><input type="checkbox"/> SPOUSE</div> <div><input type="checkbox"/> DEPENDENT CHILD _____</div>						
4 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>Title: Plant Data</td><td><div><input type="checkbox"/> LESS THAN \$5,000</div><div><input type="checkbox"/> \$5,000 - \$9,999</div></td></tr><tr><td></td><td><div><input type="checkbox"/> \$10,000 - \$24,999</div><div><input checked="" type="checkbox"/> \$25,000 OR MORE</div></td></tr></tbody></table>	DESCRIPTION	CATEGORY	Title: Plant Data	<div><input type="checkbox"/> LESS THAN \$5,000</div> <div><input type="checkbox"/> \$5,000 - \$9,999</div>		<div><input type="checkbox"/> \$10,000 - \$24,999</div> <div><input checked="" type="checkbox"/> \$25,000 OR MORE</div>
DESCRIPTION	CATEGORY						
Title: Plant Data	<div><input type="checkbox"/> LESS THAN \$5,000</div> <div><input type="checkbox"/> \$5,000 - \$9,999</div>						
	<div><input type="checkbox"/> \$10,000 - \$24,999</div> <div><input checked="" type="checkbox"/> \$25,000 OR MORE</div>						

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11A

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) San Angelo Abstract Co., Inc. 136 W. Twohig San Angelo, TX 76903	
2 BUSINESS TYPE	Land Title Insurance	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION Title: Plant Data	CATEGORY <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

# ASSETS OF BUSINESS ASSOCIATIONS

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Sisters Development Company, Inc. 136 W. Twohig  San Angelo, TX 76903	
2 BUSINESS TYPE	Real Estate Investment	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION Land & Building	CATEGORY <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

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<b>1</b> BUSINESS ASSOCIATION	<div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check If Filer's Home Address)</div> <div>Kachina Pipeline, Inc. 136 W. Twohig  San Angelo, TX 76903</div>	
<b>2</b> BUSINESS TYPE	Oil and Gas	
<b>3</b> HELD, ACQUIRED, OR SOLD BY	<div><input checked="" type="checkbox"/> FILER</div> <div><input type="checkbox"/> SPOUSE</div> <div><input type="checkbox"/> DEPENDENT CHILD _____</div>	
<b>4</b> ASSETS	<div><div>DESCRIPTION</div><div>CATEGORY</div><div>Oil &amp; Gas Equipment</div><div><div><input type="checkbox"/> LESS THAN \$5,000</div><div><input type="checkbox"/> \$5,000 - \$9,999</div><div><input type="checkbox"/> \$10,000 - \$24,999</div><div><input checked="" type="checkbox"/> \$25,000 OR MORE</div></div></div>	

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  NancyDrew LLC 136 W. Twohig  San Angelo, TX 76903	
2 BUSINESS TYPE	Investment	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION	CATEGORY
	Land & Building	<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

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Darby Law Firm PLLC 136 W. Twohig  San Angelo, TX 76903	
2 BUSINESS TYPE	Law Practice	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION  Equipment	CATEGORY  <input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000 OR MORE

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Staten Realty LLC PO Box 991  Brady, TX 76825									
2 BUSINESS TYPE	Investment									
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									
4 ASSETS	<table border="0"><thead><tr><th data-bbox="440 766 941 798">DESCRIPTION</th><th colspan="2" data-bbox="941 766 1218 798">CATEGORY</th></tr></thead><tbody><tr><td data-bbox="440 798 941 919" rowspan="2">Land and Buildings</td><td data-bbox="941 798 1218 850"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1218 798 1536 850"><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="941 850 1218 919"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1218 850 1536 919"><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Land and Buildings	<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
DESCRIPTION	CATEGORY									
Land and Buildings	<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								



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1 BUSINESS ASSOCIATION	<div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check If Filer's Home Address)</div> <div>Surety Data Services, Inc. 136 W. Twohig  San Angelo, TX 76903</div>									
2 BUSINESS TYPE	IT and Data Services									
3 HELD, ACQUIRED, OR SOLD BY	<div><input checked="" type="checkbox"/> FILER</div> <div><input checked="" type="checkbox"/> SPOUSE</div> <div><input type="checkbox"/> DEPENDENT CHILD _____</div>									
4 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>Equipment and Software</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input checked="" type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input type="checkbox"/> \$25,000 OR MORE</td></tr></tbody></table>	DESCRIPTION	CATEGORY		Equipment and Software	<input type="checkbox"/> LESS THAN \$5,000	<input checked="" type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE
DESCRIPTION	CATEGORY									
Equipment and Software	<input type="checkbox"/> LESS THAN \$5,000	<input checked="" type="checkbox"/> \$5,000 - \$9,999								
	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE								

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11B

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Describe all liabilities of each corporation, 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.

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Darby Title, inc. 136 W. Twohig  San Angelo, TX 76903									
2 BUSINESS TYPE	Land Title									
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									
4 LIABILITIES	<table border="0"><thead><tr><th data-bbox="438 768 941 798">DESCRIPTION</th><th colspan="2" data-bbox="941 768 1536 798">CATEGORY</th></tr></thead><tbody><tr><td data-bbox="438 798 941 919" rowspan="2">Accounts Payable</td><td data-bbox="941 798 1234 850"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1234 798 1536 850"><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="941 850 1234 919"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1234 850 1536 919"><input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Accounts Payable	<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
DESCRIPTION	CATEGORY									
Accounts Payable	<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								

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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 ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Sisters Development Co., Inc. 136 W. Twohig  San Angelo, TX 76903																
2 BUSINESS TYPE	Real Estate Investment																
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																
4 LIABILITIES	<table border="0"><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>Notes Payable: San Angelo Banking Center</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td>JGME Finance</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Notes Payable: San Angelo Banking Center	<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	JGME Finance	<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
DESCRIPTION	CATEGORY																
Notes Payable: San Angelo Banking Center	<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															
JGME Finance	<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															

# 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	Darby Title, Inc.
2 POSITION HELD	President and Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Double D Title, Inc.
POSITION HELD	President and Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Sisters Development Co., Inc.
POSITION HELD	President and Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Riverwood Sales, Inc.
POSITION HELD	Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	West Texas Abstract and Title, Inc.
POSITION HELD	Vice President and Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Surety Data Services, Inc.
POSITION HELD	President and Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

# BOARDS AND EXECUTIVE POSITIONS

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1 ORGANIZATION	Double D Title, Inc.
2 POSITION HELD	Vice President and Director
3 POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Sisters Development Co., Inc.
POSITION HELD	Vice President and Director
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	San Angelo Abstract Co., Inc.
POSITION HELD	President and Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	NancyDrew LLC
POSITION HELD	Member
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Darby Law Firm PLLC
POSITION HELD	Managing Member
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Staten Realty LLC
POSITION HELD	Partner
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

# 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	Surety Land Services, Inc.
2 POSITION HELD	President and Director
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

# INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 14

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 corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS Jackson Walker L.L.P. 100 Congress Ave. #1100 Austin, TX 78701
2 INTEREST HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS  
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



# 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, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Drew Darby

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath