

PERSONAL FINANCIAL STATEMENT

FORM PFS COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2008, covering calendar year ending December 31, 2007.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

51651

1 NAME

TITLE; FIRST; MI

Mr. William Drew

NICKNAME; LAST; SUFFIX

Darby

OFFICE USE ONLY

Date Received

**HAND DELIVERED
RECEIVED**

FEB 01 2008

Texas Ethics Commission

Receipt #

4:07 PM

2-1-08

Amount

PROCESSED FEB 01 2008

Date Imaged

2 ADDRESS

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

P. O. Box 3284
San Angelo, TX 76903



(Check if Filer's Home Address)

3 TELEPHONE
NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(325-) 653-8830

4 REASON
FOR FILING
STATEMENT

CANDIDATE _____ (INDICATE OFFICE)

ELECTED OFFICER State Representative, District 72 (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)

5 Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):

Clarisa F. Darby

SPOUSE _____

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 if you had actual control over that person's financial activity.

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

R: 36272a

SOURCES OF OCCUPATIONAL INCOME**PART 1A** NOT APPLICABLE

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) Darby Title, Inc. 136 W. Twohig San Angelo, TX 76903 ----- 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) Surety Land Services, Inc. 136 W. Twohig San Angelo, TX 76903 ----- NATURE OF OCCUPATION
INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input checked="" type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) ----- NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

RETAINERS

PART 1B

NOT APPLICABLE

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.

<p>1 FEE RECEIVED FROM</p>	<p>NAME AND ADDRESS</p>
<p>2 FEE RECEIVED BY</p>	<p>NAME OF BUSINESS</p> <p><input type="checkbox"/> FILER OR FILER'S BUSINESS _____</p> <p><input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____</p> <p><input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____</p>
<p>3 FEE AMOUNT</p>	<p><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</p>
<p>FEE RECEIVED FROM</p>	<p>NAME AND ADDRESS</p>
<p>FEE RECEIVED BY</p>	<p>NAME OF BUSINESS</p> <p><input type="checkbox"/> FILER OR FILER'S BUSINESS _____</p> <p><input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____</p> <p><input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____</p>
<p>FEE AMOUNT</p>	<p><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</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK

PART 2

NOT APPLICABLE

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 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"/> 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 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"/> 100 TO 499	<input checked="" 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
BUSINESS ENTITY		NAME			
		Sister 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"/> 100 TO 499	<input checked="" 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
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 checked="" 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
BUSINESS ENTITY		NAME			
		Kachina Pipeline, 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 checked="" 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

STOCK**PART 2** NOT APPLICABLE

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"/> 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 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"/> 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
BUSINESS ENTITY	NAME		
	Sundown Bancshares, 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 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
BUSINESS ENTITY	NAME		
STOCK HELD OR ACQUIRED BY	<input 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 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
BUSINESS ENTITY	NAME		
STOCK HELD OR ACQUIRED BY	<input 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 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

BONDS, NOTES & OTHER COMMERCIAL PAPER**PART 3** NOT APPLICABLE

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	
2 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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
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"/> 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
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"/> 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

MUTUAL FUNDS

PART 4

NOT APPLICABLE

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

MUTUAL FUND	NAME
	LPL Managed Account
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 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 checked="" 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

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 NOT APPLICABLE

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

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

¹ SOURCE OF INCOME	NAME AND ADDRESS Le Clair Operating 1009 Petroleum Abilene, TX 79602
² RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ AMOUNT	<input type="checkbox"/> \$500—\$4,999 <input checked="" 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** NOT APPLICABLE

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

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of San Angelo
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	San Angelo Banking Center
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	GMAC
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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6** NOT APPLICABLE

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

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	TIB Mortgage
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" 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	
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
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

NOT APPLICABLE

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 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 1221 Paseo de Vaca, San Angelo, Tom Green County, Texas
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST <input 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 Rd 1120, Leakey, Real County, Texas
DESCRIPTION <input checked="" 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** NOT APPLICABLE

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

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

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	<input type="checkbox"/> NAME AND ADDRESS (Check If Filer's Home Address)
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	<input type="checkbox"/> NAME AND ADDRESS (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	<input type="checkbox"/> NAME AND ADDRESS (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

GIFTS

PART 8

NOT APPLICABLE

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	NAME AND ADDRESS
2 RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
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

TRUST INCOME

PART 9

NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. 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	NAME OF TRUST
² BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ INCOME	<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
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<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
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<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
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BLIND TRUSTS

PART 10A

NOT APPLICABLE

Identify each blind trust that complies with section 572.023(c) of the Government Code. 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 NAME OF TRUST	
2 TRUSTEE	NAME AND ADDRESS
3 BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 FAIR MARKET VALUE	<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
5 DATE CREATED	
<hr/>	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<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
DATE CREATED	
<hr/>	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<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
DATE CREATED	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

TRUSTEE STATEMENT

PART 10B

NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

1 NAME OF TRUST	
2 TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4 TRUSTEE STATEMENT	<p>I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Trustee Signature</p>

§ 572.023. Contents of Financial Statement in General

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

NOT APPLICABLE

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	<p style="text-align: right;">NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</p> 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 type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																																														
4 ASSETS	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">DESCRIPTION</th> <th colspan="2">CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Title Plant Data</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>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> <tr> <td></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 type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></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 type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></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 type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></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 type="checkbox"/> \$25,000-OR MORE</td> </tr> </tbody> </table>		DESCRIPTION	CATEGORY		Title Plant Data	<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	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		<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"/> 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"/> 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"/> 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
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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

NOT APPLICABLE

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) Sisters Development Company, Inc., 136 W. Twohig, San Angelo, TX 76903
-------------------------------	--

2 BUSINESS TYPE	
------------------------	--

3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
-------------------------------------	---

4 ASSETS	DESCRIPTION	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
		<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"/> 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"/> 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"/> 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"/> 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"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
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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	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (Check If Filer's Home Address)
	Riverwood Sales, Inc., 226 W. Twohig, San Angelo, TX 76903 1

2 BUSINESS TYPE	
------------------------	--

3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
-------------------------------------	--

4 ASSETS	DESCRIPTION	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	
	<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"/> 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"/> 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"/> 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"/> 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"/> 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	

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ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

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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.

<p>1 BUSINESS ASSOCIATION</p>	<p style="text-align: center;">NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>Kachina Pipeline, Inc. 36 W. Bearegard, San Angelo, TX 76903</p>	
<p>2 BUSINESS TYPE</p>	<p>Oil and Gas</p>	
<p>3 HELD, ACQUIRED, OR SOLD BY</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>	
<p>4 ASSETS</p>	<p style="text-align: center;">DESCRIPTION</p> <p>Oil and Gas Equipment</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">CATEGORY</p> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p>

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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) West Texas Abstract and Title, Inc. 136 W. Twobig, San Angelo, TX 76903																																																				
2 BUSINESS TYPE	Land Title Insurance																																																				
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																																																				
4 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 777 966 819">DESCRIPTION</th> <th colspan="2" data-bbox="966 777 1503 819">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 819 966 934">Title Plant Data</td> <td data-bbox="966 819 1242 861"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 819 1503 861"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 861 1242 913"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 861 1503 913"><input checked="" type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td data-bbox="435 934 966 1060">Furniture and Fixtures</td> <td data-bbox="966 934 1242 976"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 934 1503 976"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 976 1242 1029"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 976 1503 1029"><input checked="" type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td data-bbox="435 1060 966 1186">Equipment</td> <td data-bbox="966 1060 1242 1102"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 1060 1503 1102"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1102 1242 1155"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 1102 1503 1155"><input checked="" type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1155 1242 1207"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 1155 1503 1207"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1207 1242 1260"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 1207 1503 1260"><input type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1260 1242 1312"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 1260 1503 1312"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1312 1242 1365"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 1312 1503 1365"><input type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1365 1242 1417"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 1365 1503 1417"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1417 1242 1470"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 1417 1503 1470"><input type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1470 1242 1522"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 1470 1503 1522"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1522 1242 1575"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 1522 1503 1575"><input type="checkbox"/> \$25,000-OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1575 1242 1627"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1242 1575 1503 1627"><input type="checkbox"/> \$5,000-\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1627 1242 1680"><input type="checkbox"/> \$10,000-\$24,999</td> <td data-bbox="1242 1627 1503 1680"><input type="checkbox"/> \$25,000-OR MORE</td> </tr> </tbody> </table>		DESCRIPTION	CATEGORY		Title Plant Data	<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	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		<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"/> 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"/> 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"/> 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"/> 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
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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

NOT APPLICABLE

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1 BUSINESS ASSOCIATION	<input type="checkbox"/> NAME AND ADDRESS (Check If Filer's Home Address) Darby Title, Inc. 136 W. Twobig, San Angelo, TX 76903																																																										
2 BUSINESS TYPE	Land Title Insurance																																																										
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																																																										
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PART 11B

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

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

NOT APPLICABLE

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.

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 BUSINESS ASSOCIATION</p>	<p style="text-align: center;"><input type="checkbox"/> NAME AND ADDRESS (Check if Filer's Home Address)</p> <p>West Texas Abstract and Title, 136 W. Twohig, San Angelo, TX 76903</p>		
<p>2 BUSINESS TYPE</p>			
<p>3 HELD, ACQUIRED, OR SOLD BY</p>	<p><input checked="" type="checkbox"/> FILER</p>	<p><input checked="" type="checkbox"/> SPOUSE</p>	<p><input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>4 LIABILITIES</p>	<p style="text-align: center;">DESCRIPTION</p>	<p style="text-align: center;">CATEGORY</p> <p><input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p>	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

TEXAS YOUTH COMMISSION

C.O. Reorganization Expansion Project Expenditures as of 1-15-08

P.O. Number	Vendor	DESCRIPTION OF PURCHASE	Encumbered Expenditures	Actual Expenditures
#08852	TBPC	Annex lease for 1 year	\$118,238.04	\$49,265.85
#07-010-000 IAC	TBPC	Carpet	\$15,000.00	\$15,000.00
7-141074	Facility Interiors, Inc.	Furniture	\$11,157.53	\$10,857.07
7-141075	Facility Interiors, Inc.	HR files & furniture	\$3,371.56	\$4,173.48
8-140047	SW Bell Telephone Co.	Gigaman Telephone/Data Equipment Move from Marlin to Austin	\$304.43	\$304.43
8-140119	ARC	Patch (CAT 5) Cables for Move Project - Annex	\$1,756.60	\$1,756.60
8-140164	Sharco Technologies Inc.	phones-RSS (Radio)	\$629.00	\$629.00
8-140201	HBMG Inc.	Cisco ASA Security	\$3,012.80	not invoiced
8-140205	Acratod of Austin Inc.	Panels and Shelves-RSS	\$1,262.65	\$1,262.65
8-140212	Facility Interiors, Inc.	5 High Lateral Files-HR	\$2,755.04	\$2,755.04
8-140239	Sharco Technologies Inc.	Phones-OGC	\$5,560.00	\$5,560.00
8-140301	Sharco Technologies Inc.	Phones-Parole	\$945.00	\$945.00
8-140302	Sharco Technologies Inc.	Phones-Health Services	\$1,440.00	\$1,440.00
8-140313	Avaya	Phones-OIG	\$7,634.80	not invoiced
8-140345	Sharco Technologies Inc.	Phones-ASCR	\$1,900.00	\$1,920.00
8-140353	Sharco Technologies Inc.	Phones-ETWD	\$780.00	\$780.00
8-140360	Sharco Technologies Inc.	Phones-Research	\$310.00	\$330.00
8-140368	Sharco Technologies Inc.	Phone card-Annex	\$1,027.00	\$1,027.00
8-140407	Sharco Technologies Inc.	Phone System	\$72.00	\$82.00
ITV	TFC or TBPC	OIG Doors and Security System	\$13,500.00	not invoiced
7-140860	Mobile Mini	Cost for 3 Storage Pods for Modular Furniture (Rental for 6 Months from 6/2007 thru 11/2007) (ITV # 7-100997)	\$2,122.00	\$2,366.22
POCN	Mobile Mini	Extension of contract for 6 more months from 12/2007 thru 5/2008	\$1,357.20	\$442.20
7-141030	Ogle Properties	Construction Cost for Existing Annex Suite 202	\$16,788.60	\$16,788.60
8-140045	Cross Telecom	Avaya Communications System: Install & Program TYC owned S8500 including voice mail and call accounting systems for entire Annex Complex	\$42,083.01	\$42,472.01
7-141060	Security Cages.com	IRD Security Cage for HR Data Room	\$2,000.00	\$1,590.00
7-141079	Globalscope	phones	\$2,686.04	\$2,686.04
8-140016	Facilities Resource Inc.	Secured Ops. Modular Design and Build	\$950.00	\$275.00
8-140017	C-Serv	Secured Ops. Modular Build of 2 Cubicles & Move of 3 Staff to Austin District Office	\$816.00	\$816.00
8-140020	Ogle Properties	Construction Cost for HR/Payroll Annex Suites 200 & 101	\$18,242.80	\$18,242.80
8-140041	P&C Communications	Cabling - Installation of 75 Drops	\$24,525.33	\$24,525.33
8-140083	Facilities Interiors (FMG)	Modular Inventory of Marlin and TEA acquired Modular Furniture from state surplus and closure of facility.	\$3,224.00	\$1,240.00
8-140127	Sharco Technologies Inc.	Emergency Purchase of Temporary Staff to assist in performing add, move, & change programming for TYC Central Office telephone systems. (\$100 per hour for 160 hrs from 10/2007 thur 11/2007)	\$16,000.00	\$16,000.00
8-140137	Facilities Interiors (FMG)	ICJ Modular Furniture Build (using 60" high panels and wall mounting)	\$3,511.29	not invoiced
8-140142	C-Serv	Move of 28 staff boxes and office furniture for Week 1 (including minor modular adjustments)	\$4,250.00	\$4,046.00
8-140143	Facilities Interiors (FMG)	HR Modular Furniture Build for 8 Cubicles Annex Suite 200 (using 60" high panels and wall mounting)	\$4,022.44	not invoiced
8-140146	ARC	Contract to move staff network computer equipment for entire move.	\$68,174.60	\$58,735.04
8-140148	Qual-Com General Contractors	Additional Construction & Locks for HR Annex Suite 200	\$837.00	\$837.00
8-140150	Qual-Com General Contractors	Additional Painting for HR Annex Suite 200	\$1,728.00	\$1,728.00

BOARDS AND EXECUTIVE POSITIONS

PART 12

NOT APPLICABLE

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

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

¹ ORGANIZATION	Darby Title, Inc.
² POSITION HELD	President & 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 & Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Sisters Development Company, Inc.
POSITION HELD	President & Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Riverwood Sales, Inc.
POSITION HELD	President & 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 & Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS**PART 12** NOT APPLICABLE

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

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

¹ ORGANIZATION	Surety Data Services, Inc.
² POSITION HELD	President & 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	Vice-President & Director
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Sisters Development Company, Inc.
POSITION HELD	Vice-President & 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 & 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 _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

NOT APPLICABLE

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS-INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS
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2 AMOUNT	
----------	--

PROVIDER	NAME AND ADDRESS
----------	------------------

AMOUNT	
--------	--

PROVIDER	NAME AND ADDRESS
----------	------------------

AMOUNT	
--------	--

PROVIDER	NAME AND ADDRESS
----------	------------------

AMOUNT	
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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 14

NOT APPLICABLE

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
--------------------------	------------------

2 INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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BUSINESS ENTITY	NAME AND ADDRESS
-----------------	------------------

INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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BUSINESS ENTITY	NAME AND ADDRESS
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INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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BUSINESS ENTITY	NAME AND ADDRESS
-----------------	------------------

INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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BUSINESS ENTITY	NAME AND ADDRESS
-----------------	------------------

INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

NOT APPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
2 FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<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

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

NOT APPLICABLE

This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS-INSTRUCTION GUIDE.

Note: Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

¹ STATE AGENCY	
² PERSON REPRESENTED	
³ FEE CATEGORY	<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
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<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
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<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
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<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

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

NOT APPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS
2 BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LEGISLATIVE CONTINUANCES**PART 18** NOT APPLICABLE

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

1 NAME OF PARTY REPRESENTED	
2 DATE RETAINED	
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION	
4 DATE OF CONTINUANCE APPLICATION	
5 WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PARTY REPRESENTED	
DATE RETAINED	
STYLE, CAUSE NUMBER, COURT, & JURISDICTION	
DATE OF CONTINUANCE APPLICATION	
WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

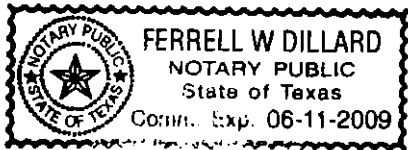
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer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

I swear, or affirm, under penalty of perjury, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

[Handwritten Signature]

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Drew Darby, this the 31st day of January, 20 08, to certify which, witness my hand and seal of office.

Ferrell W. Dillard Ferrell W. Dillard Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath