

PERSONAL FINANCIAL STATEMENT

FORM PFS COVER SHEET

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2012, covering calendar year ending December 31, 2011.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:
33

ACCOUNT #
00030098

1 NAME

TITLE; FIRST; MI
Christi L.
NICKNAME; LAST; SUFFIX
Craddick

OFFICE USE ONLY
Date Received *4-18*
RECEIVED
APR 19 2012
Texas Ethics Commission

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1500 Dillman Street
Austin, Texas 78703
 (CHECK IF FILER'S HOME ADDRESS)

Receipt #
HD / PM *4-18* Amount

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(512) 477-3235

Date Processed
PROCESSED APR 19 2012
Date Imaged

4 REASON FOR FILING STATEMENT

- CANDIDATE Railroad Commissioner (INDICATE OFFICE)
- ELECTED OFFICER _____ (INDICATE OFFICE)
- APPOINTED OFFICER _____ (INDICATE AGENCY)
- EXECUTIVE HEAD _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR _____ (INDICATE PARTY)
- OTHER _____ (INDICATE POSITION)

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):

SPOUSE _____

DEPENDENT CHILD 1. Catherine Leigh Craddick

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.

33

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

R: 524336

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	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input checked="" type="checkbox"/> (Check If Filer's Home Address) Direct Contacts, Inc. 1500 Dillman Street Austin, Texas 78703
<input type="checkbox"/> SELF-EMPLOYED	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	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) Tom Craddick Campaign Fund 2 Lakes Drive Midland, TX 79705
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Manager

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)
<input type="checkbox"/> SELF-EMPLOYED	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.

1 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <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 type="checkbox"/> \$25,000--OR MORE

FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	<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			
		See Exhibit 2-Stocks (Attached)			
2 STOCK HELD OR ACQUIRED BY	<input 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 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"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
	<input type="checkbox"/> NET LOSS				

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"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
	<input type="checkbox"/> NET LOSS				

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"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
	<input type="checkbox"/> NET LOSS				

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"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
	<input type="checkbox"/> NET LOSS				

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"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
	<input type="checkbox"/> NET LOSS				

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

CRADDICK, CHRISTI L.
 FINANCIAL STATEMENT
 December 31, 2011

Exhibit 2-Stocks

<u>NAME OF BUSINESS ENTITY</u>	<u>HELD OR ACQUIRED BY</u>	<u># OF SHARES</u>	<u>IF SOLD:</u>		
			<u>NET GAIN</u>	<u>NET LOSS</u>	<u>AMOUNT</u>
EXXONMOBIL	FILER	100-499			
ACE LIMITED	FILER	<100			
A T & T	FILER	100-499			
ALTERA CORPORATION	FILER	<100		X	<5000
APACHE CORPORATION	FILER	<100	X		<5000
APPLE INC	FILER	<100	X		<5000
APPLE INC	FILER	<100			
CHEVRON CORPORATION	FILER	<100			
CHURCH & DWIGHT INC	FILER	<100			
CISCO SYSTEMS INC	FILER	100-499			
CMS ENERGY	FILER	100-499			
CULLEN FROST BANKERS INC	FILER	<100			
CYPRESS SEMICONDUCTOR CORP	FILER	<100		X	<5000
CYPRESS SEMICONDUCTOR CORP	FILER	100-499			
DANAHER CORP	FILER	<100	X		<5000
DEERE & CO	FILER	<100		X	<5000
DICKS SPORTING GOODS INC	FILER	100-499			
DOLBY LABORATORIES, INC	FILER	<100		X	<5000
DONALDSON COMPANY INC	FILER	<100			
ENSCO PLC SPONSORED ADR	FILER	<100			
EXPRESS SCRIPTS INC	FILER	<100			
FREPORT-McMORAN COPPER & GOLD INC	FILER	<100		X	<5000
FREPORT-McMORAN COPPER & GOLD INC	FILER	<100			
GENERAL ELECTRIC COPMANY	FILER	100-499			
GRACO INCORPORATED	FILER	<100			
HUBBELL INC	FILER	<100			
INTEL CORP	FILER	100-499			
INTERNATIONAL PAPER CO	FILER	100-499			
JEFFERIES GROUP	FILER	100-499		X	<5000
JP MORGAN CHASE & CO	FILER	<100		X	<5000
JP MORGAN CHASE & CO	FILER	<100			
KBR INC	FILER	100-499		X	<5000
KBR INC	FILER	<100			
KNIGHT TRANSPORTATION INC	FILER	<100		X	<5000
LABORATORY CORP OF AMERICA	FILER	<100			
LAM RESEARCH CORP	FILER	<100		X	<5000
MASIMO CORP	FILER	<100		X	<5000

MASIMO CORP	FILER	<100		
MERCK & CO	FILER	<100		X <5000
METLIFE INC	FILER	<100		X <5000
METLIFE INC	FILER	<100		
MOHAWK INDS, INC	FILER	<100		
NALCO HOLDING CO	FILER	<100	X	<5000
NEWFIELD EXPLORATION COMPANY	FILER	<100		X <5000
ONEOK INC NEW	FILER	<100		
ORACLE CORPORATION	FILER	100-499		
PARKER-HANNIFIN CORP	FILER	<100		
PEPSICO INCORPORATED	FILER	<100		
PROCTER & GAMBLE CO	FILER	<100		
SKYWORKS SOLUTIONS INC	FILER	100-499		X <5000
SKYWORKS SOLUTIONS INC	FILER	<100		
TARGET CORP	FILER	<100		
TIFFANY & CO NEW	FILER	<100		
URBAN OUTFITTERS, INC.	FILER	<100		X <5000
UNITED TECHNOLOGIES CORP	FILER	<100		
UNITEDHEALTH GROUP, INC	FILER	<100		
VERIZON COMMUNICATIONS	FILER	100-499		
WHITING PETROLEUM CORP	FILER	<100	X	<5000
WHITING PETROLEUM CORP	FILER	<100		
3M CO	FILER	<100		

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	See Exhibit 3-Bonds, Notes and Other Commercial Paper (Attached)
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

CRADDICK, CHRISTI L.
 FINANCIAL STATEMENT
 December 31, 2011

EXHIBIT 3-BONDS, NOTES, & OTHER COMMERCIAL PAPER

<u>DESCRIPTION</u>	<u>HELD OR ACQUIRED BY</u>	<u>IF SOLD:</u>		
		<u>NET GAIN</u>	<u>NET LOSS</u>	<u>AMOUNT</u>
GNMA 6.5% DUE 12/15/25	FILER			
FORTUNE BRANDS INC SR UNSECURED	FILER			
BELLSOUTH CORP GLOBAL BONDS, 5.2% DUE 9/15/14	FILER			
BLACKROCK INC SR UNSECURED DUE 12/10/14	FILER			
KRAFT FOODS, INC SR UNSECURED DUE 02/09/16	FILER			
GOLDMAN SCHS GROUP INC SR NOTES DUE 04/01/18	FILER			
CITIGROUP INC SR NOTES DUE 08/09/20	FILER			
U.S. TREASURY NOTES DUE 11/15/17	FILER			
RIO TINTO FIN USA LTD NOTES DUE 07/15/13	FILER			
COMMERCIAL PAPER: CERTIFICATES OF DEPOSIT	FILER			
MONEY MARKET FUNDS	FILER			

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
	See Exhibit 4-Mutual Funds (Attached)
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input 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 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
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

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

CRADDICK, CHRISTI L.
 FINANCIAL STATEMENT
 December 31, 2011

EXHIBIT 4-MUTUAL FUNDS

DESCRIPTION	HELD OR ACQUIRED BY	# OF SHARES	IF SOLD:		
			NET GAIN	NET LOSS	AMOUNT
ALLIANZ RCM GLOBAL TECHNOLOGY FUND	FILER	100-499			
AMCAP FUND CL A	FILER	100-499			
AMERICAN BALANCED FUND	FILER	100-499			
AMERICAN HIGH INCOME TRUST	FILER	1000-4999			
CAPITAL INCOME BUILDER FUND	FILER	100-499			
EAGLE CAPITAL APPRECIATION FD	FILER	500-999	X		<5000
EUROPACIFIC GROWTH FUND	FILER	100-499			
FIRST TRUST SR LOAN PLUS-CLSD END SER 14 REIN	FILER	5000-9999		X	<5000
FIRST TRUST INTEREST RATE HEDGE SER 6	FILER	5000-9999			
FIRST TRUST MUNI INCOME SELECT C/E PORT SER 27	FILER	5000-9999			
FIRST TRUST MUNI INCOME SELECT C/E PORT SER 28	FILER	1000-4999			
FIRST TRUST PORT LP SENIOR LOAN & LIMITED DURATION C/E SER 7	FILER	10000-25000			
FUNDAMENTAL INVESTORS FUND	FILER	100-499			
GOLDMAN SACHS TR GS SHORT DURATION TAX I FREE FD INSTL SHS	FILER	1000-4999	X		<5000
GOLDMAN SACHS TR GS SHORT DURATION TAX I FREE FD INSTL SHS	FILER	5000-9999			
GROWTH FUND OF AMERICA	FILER	1000-4999			
INCOME FUND OF AMERICA	FILER	100-499			
INCOME FUND OF AMERICA	FILER	1000-4999	X		10000-24999
INVESTMENT CO AMERICA	FILER	<100	X		<5000
INVESTMENT CO AMERICA	FILER	5000-9999			
MASS INVESTORS TRUST	FILER	500-999	X		<5000
MILLBURN MULTI-MARKETS FUND LP	FILER	<100			
NEW WORLD FUND	FILER	100-499	X		<5000
PIMCO UNCONSTRAINED BOND FUND	FILER	1000-4999			
RCM GLOBAL TECHNOLOGY FD	FILER	500-999	X		<5000
SMALL CAP WORLD FUND	FILER	<100			
WASHINGTON MUTUAL INVESTORS FUND	FILER	100-499			
WELLS FDS TR ULTRA SHORT TERM MUNI INCOME FD	FILER	10000+	X		<5000
WELLS FDS TR ULTRA SHORT TERM MUNI INCOME FD	FILER	10000+			
ISHARES IBOXX INV GRADE CORP BOND FUND	FILER	<100	X		<5000
ISHARES IBOXX INV GRADE CORP BOND FUND	FILER	<100			
ISHARE TR-S&P SMALLCAP 600 INDEX FD	FILER	100-499	X		<5000
ISHARE TR-S&P SMALLCAP 600 INDEX FD	FILER	100-499			
ISHARES MSCI EAFE INDEX FUND	FILER	500-999		X	10000-24999
ISHARES MSCI ACWX INDEX FUND	FILER	1000-4999			
ISHARES S&P U.S. PREFERRED STOCK	FILER	<100		X	<5000

ISHARES TR S&P MIDCAP 400 INDEX FD	FILER	100-499		X	<5000
ISHARES TR S&P MIDCAP 400 INDEX FD	FILER	<100			
ISHARES TR-RUSSELL 3000 INDEX FD	FILER	500-999			
POWERSHARES DB COMMODITY INDEX TRACKING FUND	FILER	100-499		X	<5000
POWERSHARES DB COMMODITY INDEX TRACKING FUND	FILER	100-499			
POWERSHARES S&P SMALL CAP CONSUMER DISCRETIONARY PORTFOLIO	FILER	100-499			
POWERSHARES S&P SMALL CAP UTILITIES PORTFOLIO	FILER	100-499			
POWERSHARES S&P SMALL CAP FINANCIALS PORTFOLIO	FILER	100-499			
POWERSHARES S&P SMALLCAP INFORMATION TECHNOLOGY PORTFOLIO	FILER	100-499			
POWERSHARES S&P SMALLCAP INDUSTRIALS PORTFOLIO	FILER	100-499			
POWERSHARES S&P SMALLCAP HEALTH CARE PORTFOLIO	FILER	100-499			
SELECT SECTOR SPDR FD MATERIALS	FILER	<100	X		<5000
SPDR BARCLAYS CAP HIGH YIELD BOND FD	FILER	100-499			
SPDR S&P 500 TRUST	FILER	100-499			
VANGUARD EMERGING MARKETS ETF	FILER	100-499	X		<5000
VANGUARD MSCI EAFE ETF	FILER	500-999		X	<5000
VANGUARD MSCI EAFE ETF	FILER	100-499			
VANGUARD MSCI EMERGING MARKETS ETF	FILER	500-999		X	<5000
VANGUARD MSCI EMERGING MARKETS ETF	FILER	100-499			
VANGUARD REIT	FILER	100-499			
VANGUARD TOTAL BOND MARKET	FILER	<100			

ENERGY SELECT SECTOR SPDR	RETIREMENT TRUST	<100			
FINANCIAL SELECT SECTOR SPDR	RETIREMENT TRUST	100-499			
INDUSTRIAL SELECT SECTOR SPDR	RETIREMENT TRUST	100-499			
ISHARE TR-S&P SMALL CAP 600 INDEX	RETIREMENT TRUST	100-499			
ISHARES BARCLAYS MBS BOND FUND	RETIREMENT TRUST	<100			
ISHARES BARCLAYS 7-10 YR TREAS BOND	RETIREMENT TRUST	<100			
ISHARES BARCLAYS 1-3 YR TREASURY BOND FUND	RETIREMENT TRUST	<100			
ISHARES BARCLAYS INTERMEDIATE CREDIT BOND FUND	RETIREMENT TRUST	<100			
ISHARES BARCLAYS 1-3 YR CREDIT BOND FUND	RETIREMENT TRUST	<100			
ISHARES IBOXB INV GREDE CORP BOND FUND	RETIREMENT TRUST	<100			
ISHARES MSCI MALAYSIA INDEX FD	RETIREMENT TRUST	100-499			
WEBS INDEX FD INC					
ISHARES MSCI CHILE INVESTABLE MARKET INDEX FUND	RETIREMENT TRUST	<100			
ISHARES MSCI EAFE INDEX FUND	RETIREMENT TRUST	<100			
ISHARES MSCI UNITED KINGDOM INDEX FUND	RETIREMENT TRUST	<100			
ISHARES TR S&P MIDCAP 400 INDEX FD	RETIREMENT TRUST	100-499			
POWERSHARES DB COMODITY INDEX TRACKING FUND	RETIREMENT TRUST	100-499			
RYDEX RUSSELL TOP 50	RETIREMENT TRUST	<100			
SELECT SECTOR SPDR TR UTILITIES	RETIREMENT TRUST	<100			

SELECT SECTOR	
SELECT SECTOR SPDR TR CONSUMER STAPLES	RETIREMENT TRUST 100-499
SELECT SECTOR SPDR FD MATERIALS	RETIREMENT TRUST <100
SELECT SECTOR SPDR FD HEALTH CARE	RETIREMENT TRUST <100
SELECT SECTGOR SPDR FD CONSUMER DISCRETIONARY	RETIREMENT TRUST 100-499
SPDR BARCLAYS CAP HIGH YIELD BOND FD	RETIREMENT TRUST <100
SPDR S&P 500 TRUST	RETIREMENT TRUST <100
VANGUARD TELECOMMUNICATIONS SERV	RETIREMENT TRUST <100
VANGUARD INFORMATION TECHNOLOGY	RETIREMENT TRUST <100
VANGUARD MSCI EAFE	RETIREMENT TRUST 100-499
VANGUARD MSCI EMERGING MARKETS	RETIREMENT TRUST 100-499
VANGUARD REIT	RETIREMENT TRUST <100
VANGUARD TOTAL BOND MARKET	RETIREMENT TRUST <100

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 See Exhibit 5-Income from Interest, Dividends, Royalties & Rents (Attached)
² RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ 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

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

CRADDICK, CHRISTI L.
 FINANCIAL STATEMENT
 December 31, 2011

EXHIBIT 5-INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

<u>SOURCE</u>	<u>TYPE</u>	<u>RECEIVED BY</u>	<u>AMOUNT</u>
BANK OF AMERICA P.O. Box 29961 Phoenix, AZ 85038-0961	INTEREST	FILER	<500
CHASE P.O. Box 659749 San Antonio, TX 78265-7826	INTEREST	FILER	<500
EDWARD JONES 324 Sunset Street Denton, TX 76201	DIVIDENDS	FILER	500-4999
WELLS FARGO ADVISORS 13355 Noel Road, Suite 1500 One Galleria Tower Dallas, TX 75240	INTEREST	FILER	5000-9999
WELLS FARGO ADVISORS 13355 Noel Road, Suite 1500 One Galleria Tower Dallas, TX 75240	DIVIDENDS	FILER	10000-24999
ESCONDIDO RESOURCES II LLC P.O. Box 9068 Midland, TX 79708-9068	ROYALTIES	FILER	<500
FOSSIL ROCK RESOURCES P.O. Box 100606 Fort Worth, TX 76185-0606	ROYALTIES	FILER	<500
KINDER MORGAN PRODUCTION CO. LLC 500 Dallas, Suite 1000 Houston, TX 77002	ROYALTIES	FILER	25000+
LEWIS PETRO PROPERTIES, INC. 10101 Reunion Place, Suite 1000 San Antonio, TX 78216-4157	ROYALTIES	FILER	500-4999
MIDDLETON OIL COMPANY 4265 San Felipe, Suite 510 Houston, TX 77027	ROYALTIES	FILER	<500
PITTS ENERGY COMPANY 3313 Caldera Blvd. Midland, TX 79707	ROYALTIES	FILER	500-4999
PLAINS MARKETING, L.P. P.O. Box 4648 Houston, TX 77210	ROYALTIES	FILER	500-4999
WATSON-PACKER EMPLOYEE FUND P.O. Box 590 Monahans, TX 79756	ROYALTIES	FILER	<500

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	
² LIABILITY OF	<input 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 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 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 See Exhibit 7A-Beneficial Interests in Real Property (Attached)
3 DESCRIPTION <input 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 type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

CRADDICK, CHRISTI L.
 FINANCIAL STATEMENT
 December 31, 2011

EXHIBIT 7A-BENEFICIAL INTERESTS IN REAL PROPERTY

<u>DESCRIPTION OF BENEFICIAL INTEREST</u>	<u>HELD OR ACQUIRED BY</u>	<u>IF SOLD:</u>		
		<u>NET GAIN</u>	<u>NET LOSS</u>	<u>AMOUNT</u>
MOSS PARTNERSHIP, MIDLAND COUNTY, TEXAS	FILER	X		25000>
HOUSE & LOT, 1500 DILLMAN ST., AUSTIN, TEXAS PERSONAL RESIDENCE	FILER			
UNDIVIDED FEE SIMPLE MINERAL INTEREST IN MIDLAND COUNTY, TEXAS	FILER			
UNDIVIDED FEE SIMPLE MINERAL INTEREST IN WEBB COUNTY, TEXAS	FILER			
UNDIVIDED FEE SIMPLE MINERAL INTERESTS IN DIMMIT COUNTY, TEXAS	FILER			

INTERESTS IN BUSINESS ENTITIES

PART 7B

NOTAPPLICABLE

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	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (Check If Filer's Home Address) See Exhibit 7B-Interests in Business Entities (Attached)
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	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

CRADDICK, CHRISTI L.
FINANCIAL STATEMENT
December 31, 2011

EXHIBIT 7B-INTERESTS IN BUSINESS ENTITIES

<u>DESCRIPTION OF BENEFICIAL INTEREST</u>	<u>HELD OR ACQUIRED BY</u>	<u>IF SOLD:</u>		
		<u>NET GAIN</u>	<u>NET LOSS</u>	<u>AMOUNT</u>
DIRECT CONTACTS, INC. 1500 Dillman Street Austin, TX 78703	FILER			
QUARRY, LTD. 1500 Dillman Street Austin, TX 78703	FILER			
CRADDICK PARTNERS, LTD 2 Lakes Drive Midland, TX 79705	PARTNERSHIP			

GIFTS

PART 8

NOTAPPLICABLE

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
	Craddick Family Trust
2 BENEFICIARY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 INCOME	<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
4 ASSETS FROM WHICH OVER \$500 WAS RECEIVED	Oil & Gas Royalties
<input type="checkbox"/> UNKNOWN	

SOURCE	NAME OF TRUST
	Craddick Children's Trust
BENEFICIARY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<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 FROM WHICH OVER \$500 WAS RECEIVED	Oil & Gas Royalties Investments
<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	

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	

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** NOTAPPLICABLE

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	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Direct Contacts, Inc., 1500 Dillman Street, Austin, TX 79703
-------------------------------	---

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

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

4 ASSETS	DESCRIPTION	CATEGORY	
	Cash		<input type="checkbox"/> LESS THAN \$5,000
		<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

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	
² POSITION HELD	
³ POSITION HELD BY	<input 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 _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input 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 _____
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

NOTAPPLICABLE

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
2 AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

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

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

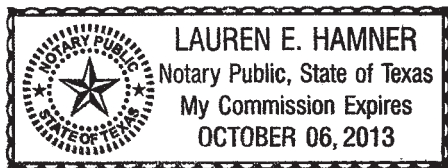
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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 this financial statement covers calendar year ending December 31, 2011, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Christi Craddick

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christi Craddick, this the 17th day of April, 20 12, to certify which, witness my hand and seal of office.

Lauren Hamner
Signature of officer administering oath

Lauren Hamner
Print name of officer administering oath

Notary Public
Title of officer administering oath