CORRECTED FINANCIAL STATEMENT AND

	GO	OD-FAITH AFF	IDAVII	
ACCOUNT # 62095		PAGE # Page 1 of 24	_ _	OFFICE USE ONLY
FILER NAME	Davis, Wendy R. ((Ms.)		Pate Recipied DELIVERED
				JAN 312014 MZ
FILER		(CHECK IF FILER'S HOME ADDRESS)		Texas Ethics Commassign
ADDRESS (P O Box or Street Address)	P.O. Box 1039			10)PM 1-31-14
(i wax ar array	Fort Worth, TX 76	6101	-	Receipt # Amount
			<u> </u>	egal Date Processed
YEAR COVERED BY	The correction(s) fi	iled with this affidavit apply to my		PROCESSED FEB 0 3 2014
FINANCIAL STATEMENT	statement due in 2	1014, year ending December 31, 201	D	Date Imaged
EXPLANATION OF CORREC	TION			
Part 5 of this statement has b	een updated to reflect of	dividends received from mutual funds s and executive positions held in 2013	(National Financial	& American National Bank). Part 12 of
this statement has been upua	ted to reflect the boards	s and executive positions neta in 2013	3 (Newby Davis, PLL	_C)
AFFIDAVIT	***	I swear, or affirm, under penalty is true and correct.	y of perjury, that th	nis corrected report
Graham Sta My Commiss 03/12/2014	dler in Expires	Check ONLY if applicable: I swear, or affirm, that I am filing thi the date I learned that the report as or affirm, that any error or omission	originally filed is ina	ginally filed was made in good faith.
AFFIX NOTARY STAMP / SE	AL ABOVE	1 15	· –	B: 609839
Sworn to and subscribed be to certify which, witness m		lendy Lavis	this the 20 c	day of anuary , 20 14,
Signature of officer administering oath	STAR CT	ZAHAMSTADLER Printed name of officer administering oath	Title of c	TARY PUBLTE

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PERSONAL FI	NANCIAL STATEMENT		FORM PFS COVER SHEET
1	dance with chapter 572 of the Government Code.	PAGE# Page	e 2 of 24
_	014, covering calendar year ending December 31, 2013 . - INSTRUCTION GUIDE when completing this form.	ACCOUNT# 6209	95
1 NAME	TITLE, FIRST, MI Ms. Wendy R.	1	USE ONLY
	NICKNAME, LAST, SUFFIX Davis	1	DELIVERED SEIVED 3 1 2014 MX
2 ADDRESS	P.O. Box 1039	Texas Emic	s Commissione
	Fort Worth, TX 76101	HD / PM	Amount
2 TELEDIJONE	(CHECK IF FILER'S HOME ADDRESS) AREA CODE NUMBER; EXTENSION	Date Processed	
3 TELEPHONE NUMBER	(817) 332-3338	Date Imaged	
4 REASON FOR FILING STATEMENT	☐ CANDIDATE		(INDICATE OFFICE) (INDICATE AGENCY) (INDICATE AGENCY)
spouse or dependent ch SPOUSE DEPENDENT CHILD 1	financial activity you are reporting (filer must report information about ildren if the filer had actual control over that activity):		ity of the filer's
	will disclose your financial activity during the calendar year. In parts y your own financial activity, but also that of your spouse or a depenactivity. COPY AND ATTACH ADDITIONAL PAGES AS NECT	dent child if you had	

SOURCES OF OCC	UPATIONAL IN	COME	PART 1A
☐ NOT APPLICABLE			
When reporting information about providing the number under which	at a dependent child's active the child is listed on the	rity, indicate the child Cover Sheet.	d about whom you are reporting by
1 INFORMATION RELATES TO	⊠ FILER	☐ SPOUSE	DEPENDENT CHILD
² EMPLOYMENT	NAM		EMPLOYER / POSITION HELD r's Home Address)
▼ EMPLOYED BY ANOTHER	State of Texas	(ONECK II IIIe	13 Home Address)
	1400 N. Congress Room 3E.12 Austin, TX 78701		
	State Senator		
SELF-EMPLOYED		NATURE OF	OCCUPATION
INFORMATION RELATES TO	⊠ FILER	☐ SPOUSE	☐ DEPENDENT CHILD
EMPLOYMENT	NAM	hadanana .	EMPLOYER / POSITION HELD
☐ EMPLOYED BY ANOTHER	Newby Davis PLLC	☐ (Check if File	r's Home Address)
	600 W 6th Street Suite 400 Fort Worth, TX 76102		
	Attorney		
	,	NATURE OF	OCCUPATION
INFORMATION RELATES TO	⊠ FILER	☐ SPOUSE	DEPENDENT CHILD
EMPLOYMENT	NAM		EMPLOYER / POSITION HELD r's Home Address)
☐ EMPLOYED BY ANOTHER	Cantey Hanger, LLP	(**************************************	
	600 W. 6th Street Suite 300 Fort Worth, TX 76102		
	Attorney-Of Counsel		
SELF-EMPLOYED		NATURE OF	OCCUPATION
	ADV AND ATTACH ADD	TIONAL DACES A	e NECESSARY

Texas Ethics Commission	P.O. Box 120	O70 Austin, Texas 78	3711-2070	(512)463	-5800	1-800-32	5-8506
		PART	2				
☐ NOT APPLICABLE							
List each business entity i and indicate the category category of the amount of INSTRUCTION GUIDE.	of the numbe the net gain	er of shares held or acq or loss realized from th	uired. If some or al e sale. For more in	l of the stock was sol formation, see FORM	d, also indic 1 PFS		
When reporting information providing the number under				bout whom you are n	eporting by		
¹ BUSINESS ENTITY		Star Bank of Texas	N/	AME			
2 STOCK HELD OR ACC	UIRED BY	X FILER	SPOUSE	☐ DEPENDENT CHIL	.D		
³ NUMBER OF SHARES		☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☑ 10,000 OR MORE	☐ 500 TO 999	1,000 To	O 4,999	
⁴ IF SOLD □	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MO	RE
	COPY A	ND ATTACH ADDITION	ONAL PAGES AS	NECESSARY			

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512)463-5800	1-800-325-8506

MUTUAL FUNDS				PART 4
☐ NOT APPLICABLE				
List each mutual fund and the number acquired during the calendar year a some or all of the shares of a mutual from the sale. For more information When reporting information about a providing the number under which the	nd indicate the category o al fund were sold, also indi n, see FORM PFSINSTR dependent child's activity	f the number of shal cate the category of UCTION GUIDE , indicate the child a	res of mutual funds h the amount of the ne	eld or acquired. If et gain or loss realized
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² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	⊠ FILER	SPOUSE	DEPENDENT CHIL	.D
³ NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MORE	□ 500 TO 999	☐ 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
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IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
COPY	AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY	

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MUTUAL FUNDS				PART 4
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¹ MUTUAL FUND	BRINKER CAPITAL-AST	NA ON/RIVER ROAD IN		N
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P.O. Box 12070

MUTUAL FUNDS				PART 4
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¹ MUTUAL FUND	BRINKER CAPITAL-COL	NAI UMBIA SELECT LRO		ASS A
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4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
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COPY	AND ATTACH ADDITI	ONAL PAGES AS	NECESSARY	

MUTUAL FUNDS				
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Texas Ethics Commission P.O. B	ox 12070 Austin, Texas 7	79711 2070	(542)/462	E900 4 900 20E	= 0 <i>E</i> 00
MUTUAL FUNDS NOT APPLICABLE	ox 12070 Austin, Texas 7	67 T1-2070	(512)463-	-5800 1-800-325 PART	
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☐ 100 TO 499

☐ 10,000 OR MORE

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X LESS THAN 100

5,000 TO 9,999

NUMBER OF SHARES

☐ NET GAIN

■ NET LOSS

OF MUTUAL FUND

IF SOLD

___ 1,000 TO 4,999

Texas Ethics Commission P.O. B	ox 12070 Austin, Texas 7	' 8711-2070	(512)463-5800	1-800-325-8506
MUTUAL FUNDS NOT APPLICABLE			S	PART 4
List each mutual fund and the nur acquired during the calendar year some or all of the shares of a mut from the sale. For more informati When reporting information about providing the number under which	and indicate the category of tual fund were sold, also ind on, see FORM PFSINSTF a dependent child's activity	of the number of sha licate the category of RUCTION GUIDE v, indicate the child a	ares of mutual funds held or of the amount of the net gair	acquired. If or loss realized
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☐ 100 TO 499

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X LESS THAN 100

5,000 TO 9,999

NUMBER OF SHARES

■ NET GAIN

☐ NET LOSS

OF MUTUAL FUND

IF SOLD

___ 1,000 TO 4,999

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MUTUAL FUNDS				PAF	RT 4
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SPOUSE

☐ DEPENDENT CHILD ___

X FILER

SHARES OF MUTUAL FUND

NET LOSS

HELD OR ACQUIRED BY

Texas Ethics Commission P.O. Box	12070 Austin, Texas 7	8711-2070	(512)463	. '	0-325-850
MUTUAL FUNDS				PAI	RT 4
☐ NOT APPLICABLE		**************************************			
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MUTUAL FUND	BRINKER-CAPITAL-TOU	NA JCHSTONE FOCUSE			

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Texas Ethics Com	L FUNDS	4 12070 Austin, Texas 7	8/11-20/0	(512)463	-5800	1-800-325-850 PART 4
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☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000--OR MORE

NUMBER OF SHARES

☐ NET GAIN

■ NET LOSS

OF MUTUAL FUND

IF SOLD

__ 1,000 TO 4,999

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	8711-2070	(512)463	-5800	1-800-32	5-8506
MUTUAL FUNDS	6					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 PFSINSTRUCTION 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	ING Glo	bal Value Advant	NA age Portfolio Class S				
² SHARES OF MUTUAL F HELD OR ACQUIRED B		LER	SPOUSE	DEPENDENT CHIL	.D		
³ NUMBER OF SHARES OF MUTUAL FUND	l —	ESS THAN 100 000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	500 TO 999	☐ 1,000 T	O 4,999	
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INCOME FROM INT ☐ NOT APPLICABLE	EREST, DIVIDE	NDS, ROYAL	TIES & RENTS PART 5
I	rents during the calendar	year and indicate the	ccess of \$500 that was derived from category of the amount of the income. For
When reporting information about providing the number under which	-	•	about whom you are reporting by
¹ SOURCE OF INCOME	Mclaine & Drew Cavender 2532 Cockrell Avenue Fort Worth, TX 76109	NAME AND AD	
² RECEIVED BY		SPOUSE	DEPENDENT CHILD
³ AMOUNT	\$500 - \$4,999	\$5,000 - \$9,999	X \$10,000 - \$24,999 ☐ \$25,000OR MORE
SOURCE OF INCOME	<u> </u>	NAME AND AD	DRESS
COCKOL OF INCOME	Brinker Capital/Fidelity Inv	restments-Interest & Di	vidends
RECEIVED BY	X FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	5 500 - \$4,999	X \$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
COLIDOR OF INCOME		NAME AND AD	DRESS
SOURCE OF INCOME	Star Bank Holding CoDiv	ridends	
RECEIVED BY	X FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE
CC	NDV AND ATTACH ADDI	TIONAL PAGES AS	NECESSARY

INCOME FROM INT	EREST, DIVIDEN	DS, ROYAL	TIES & RENTS PART 5
☐ NOT APPLICABLE			
•	rents during the calendar ye		cess of \$500 that was derived from category of the amount of the income. For
When reporting information about providing the number under which			bout whom you are reporting by
¹ SOURCE OF INCOME	Myrl McDonald Furry & Faw	NAME AND AD	
	2532 Cokrell Avenue Fort Worth, TX 76109	, , , , , , , , , , , , , , , , , , ,	,
² RECEIVED BY	X FILER	SPOUSE	DEPENDENT CHILD
³ AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND AD	DRESS
	American National Bank		
RECEIVED BY	X FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	፟፟፟፟፟፟፟፟ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND AD	DRESS
COOKE OF INCOME	National Financial Services		
RECEIVED BY	☑ FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
	DV AND ATTACH ADDITI	ONAL DACES AS	NECECOARY

PERSONAL NOTES		Austin, Texas 78		(512)463-5800	1-800-325-850 PART 6
☐ NOT APPLICABLE		AUL AU		,	I FAICE
Identify each guarantor of a loan are a dependent child had a total finance agreement at any time during the ction, see FORM PFSINSTRUCTION When reporting information about a providing the number under which	cial liability o calendar year ON GUIDE a dependent	f more than \$1 and indicate t child's activity,	1,000 in the form of the category of the , indicate the child a	a personal note or notes or leamount of the liability. For mo	ore informa-
¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citimortga	ge			
² LIABILITY OF	X FILE	R	SPOUSE	DEPENDENT CHILD	•
³ GUARANTOR				30 - MAN 1	THE STATE OF THE S
⁴ AMOUNT	\$1,00	00 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 X \$25,	000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	American I	National Bank			
LIABILITY OF	X FILE	₹	SPOUSE	DEPENDENT CHILD	, as the second color account.
GUARANTOR					
AMOUNT	☐ \$1,00	00 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 🔀 \$25,	000OR MORE

INTERESTS IN REAL	- PROPERTY			PART 7A
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was For an explanation of 'beneficial in INSTRUCTION GUIDE.	sold, also indicate the ca	tegory of the amour	nt of the net gain or loss	s realized from the sale.
When reporting information about providing the number under which	a dependent child's activ the child is listed on the	rity, indicate the chil Cover Sheet.	d about whom you are	reporting by
¹ HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CH	ILD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	2737 Calder Court Fort Worth, TX 76107 Tarrant	STREET ADDRESS, INCLUD	ING CITY, COUNTY AND STATE	
3 DESCRIPTION ☑ LOTS ☐ ACRES	NUMBE 1 Lot Tarrant	ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	ATED
4 NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	S10,000 - \$24,999	☐ \$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHI	LD
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	821 W Vickery Blvd-Sta Fort Worth, TX 76104 Tarrant		ING CITY, COUNTY AND STATE Building	Provide de la companya del companya de la companya del companya de la companya de
DESCRIPTION \[\bigsize Lots \int Acres	NUMBE 1 Lot Tarrant County	ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	TED
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
COP	Y AND ATTACH ADDI	TIONAL PAGES A	S NECESSARY	

Texas Ethics Commission P.O. E	3ox 12070	Austin, Texa	as 78711-2070	(512)463	-5800	1-800-	325-850
INTERESTS IN REA	L PROP	ERTY				PART	7A
☐ NOT APPLICABLE							
Describe all beneficial interests in calendar year. If the interest was For an explanation of 'beneficial INSTRUCTION GUIDE.	s sold, also indicate and conterest and contents.	dicate the ca other specific	ategory of the amou c directions for comp	nt of the net gain or loss pleting this section, see I	realized : FORM PF	from the	sale.
When reporting information abou providing the number under whic				d about whom you are r	eporting t	ру	
¹ HELD OR ACQUIRED BY	X FILI	≣R	SPOUSE	DEPENDENT CHI			
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		rell Avenue , TX 76109	STREET ADDRESS, INCLUE	DING CITY, COUNTY AND STATE			
3 DESCRIPTION ☑ LOTS ☐ ACRES	1 Lot Tarrant Co		BER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA'	ΓED		
4 NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)							
5 IF SOLD NET GAIN NET LOSS	LESS T	HAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0	000OR M	IORE

Texas Ethics Commission P.O.	. Box 12070 Austin, Texas 7	0/11-20/0	(512)463-5800	1-800-325-8506
INTERESTS IN BUS	SINESS ENTITIES			PART 7B
☐ NOT APPLICABLE				
Describe all beneficial interests calendar year. If the interest wa For an explanation of 'beneficia INSTRUCTION GUIDE	as sold, also indicate the cate	gory of the amount	of the net gain or loss realized	d from the sale.
When reporting information abo providing the number under whi			about whom you are reporting	g by
¹ HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD	
² DESCRIPTION		NAME AND (check if Filer's	ADDRESS s Home Address)	
	Newby Davis, PLLC			
	600 W 6th Street Suite 400 Fort Worth, TX 76102			
³ IF SOLD				
☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25	5,000OR MORE
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	The second secon	NAME AND (check if Filer's		
	Croquet and Other Games,	LLC		
	2737 Calder Court Fort Worth, TX 76107			
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25	5,000OR MORE

	MANUAL TO THE RESERVE	exas 78711-2070	(512)463-5800	1-800-325-850
BOARDS AND E	XECUTIVE POSI	TIONS		PART 12
☐ NOT APPLICABLE				
your spouse, or a dependen ships, professional corporati	t child hold in corporations, ons, professional association	firms, partnerships, lin ons, joint ventures, othe	e a member and all executive po nited partnerships, limited liabilit er business associations, or pro on, see FORM PFSINSTRUC	y partner- prietorships,
When reporting information providing the number under			ld about whom you are reporting	g by
¹ ORGANIZATION	Newby Davis, PLLC			
² POSTITION HELD	Partner		The second state of the se	
³ POSITION HELD BY		SPOUSE	DEPENDENT CHILD	

exas Ethics Commission INTEREST IN BU	P.O. Box 12070		s 78711-2070	(512)463-5800	1-800-325-850 PART 14
□ NOT APPLICABLE	SINESS II	4 COMMINI	N MIIL F	JRRIIOI	MARI IT

sional association, joint vent	ture, or other bus ld, and a person r	siness associati registered as a	tion, other than a pu a lobbyist under cha	partnership, professional corpoublicly-held corporation, in which apter 305 of the Government Co	ch you, your
¹ BUSINESS ENTITY			NAME AND A	ADDRESS	
, ROSINESS EINTITT	Newby Davi	s, PLLC (Brian		ugh association with a separate e	entity)
	600 W. 6th S Suite 400 Fort Worth,				
² INTEREST HELD BY	X F	ILER	SPOUSE	DEPENDENT CHILD	

Texas Ethics Commission

(512)463-5800

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

	N/A	Part 1A - Sources of Occupational Income
X	N/A	Part 1B - Retainers
	N/A	Part 2 - Stock
X	N/A	Part 3 - Bonds, Notes & Other Commercial Paper
	N/A	Part 4 - Mutual Funds
	N/A	Part 5 - Income from Interest, Dividends, Royalties & Rents
	N/A	Part 6 - Personal Notes and Lease Agreements
	N/A	Part 7A - Interests in Real Property
	N/A	Part 7B - Interests in Business Entities
X	N/A	Part 8 - Gifts
X	N/A	Part 9 - Trust Income
X	N/A	Part 10A - Blind Trusts
X	N/A	Part 10B - Trustee Statement
X	N/A	Part 11A - Assets of Business Associations
X	N/A	Part 11B - Liabilities of Business Associations
	N/A	Part 12 - Boards and Executive Positions
X	N/A	Part 13 - Expenses Accepted Under Honorarium Exception
	N/A	Part 14 - Interest in Business in Common with Lobbyist
X	N/A	Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
X	N/A	Part 16 - Representation by Legislator Before State Agency
X	N/A	Part 17 - Benefits Derived from Functions Honoring Public Servant
X	N/A	Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

P.O. Box 12070

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

> I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2013, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Graham Stadler My Commission Expires 03/12/2014

Sworn to and subscribed before me by to certify which, witness my hand and seal of office.