

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2018, covering calendar year ending December 31, 2017.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
13

ACCOUNT #
00080128

1 NAME

TITLE; FIRST; MI

Mr. Ernest J.

NICKNAME; LAST; SUFFIX

Bailes IV

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED
02/12/2018

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

2 ADDRESS

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

1000 Bailes Dairy Road

Shepherd, TX 77371

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE
NUMBER

AREA CODE PHONE NUMBER; EXTENSION

[REDACTED]

4 REASON
FOR FILING
STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☒ ELECTED OFFICER State Representative District 18 (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 (see instructions).

SPOUSE Ida Bailes

DEPENDENT CHILD

1. [REDACTED]
2. [REDACTED]
3. _____

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

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

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

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1010 Bailes Dairy Road Shepherd, TX 77371 POSITION HELD		
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Livestock Reproduction		

INFORMATION RELATES TO	<input checked="" 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 checked="" type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] [REDACTED] POSITION HELD		
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Commerical Cattle Operation		

INFORMATION RELATES TO	<input type="checkbox"/> FILER	<input checked="" 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) EMPLOYER Coldspring-Oakhurst Consolidated ISD ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 39 Coldspring, TX 77331 POSITION HELD Teacher		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

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

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	<input type="checkbox"/> (Check if Filer's Home Address)		
	EMPLOYER		
	State of Texas/House of Representatives		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	105 West 15th Street		
	Austin, TX 00102		
	POSITION HELD		
	State Representative-HD18		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

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

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

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	NONE
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input checked="" 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	Peoples State Bank
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Peoples State Bank
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	NONE
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	Plus 4 Credit Union
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

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

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
3 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 700.00000 acres San Jacinto
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Bailes, III, Ernest and Susan Bailes III, Ernest and Susan
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

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

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

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Ernest Bailes, IV/DBA: Repro Select [REDACTED] [REDACTED]
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Ernest Bailes/DBA: Rocking B Cattle Company 1010 Bailes Dairy Road Shepherd, TX 77371
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

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all 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) Ernest Bailes/DBA: Repro Select 																																		
2 BUSINESS TYPE	Livestock Reproduction																																		
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="435 772 980 804">DESCRIPTION</th><th colspan="2" data-bbox="980 772 1534 804">CATEGORY</th></tr> </thead> <tbody> <tr> <td data-bbox="435 804 980 919">Office and Equipment</td><td data-bbox="980 804 1263 846"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 804 1534 846"><input type="checkbox"/> \$5,000 - \$9,999</td></tr> <tr> <td data-bbox="435 846 980 919"></td><td data-bbox="980 846 1263 919"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 846 1534 919"><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr> <tr> <td data-bbox="435 919 980 1035">Work Bus: 1998 Prevost</td><td data-bbox="980 919 1263 961"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 919 1534 961"><input type="checkbox"/> \$5,000 - \$9,999</td></tr> <tr> <td data-bbox="435 961 980 1035"></td><td data-bbox="980 961 1263 1035"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 961 1534 1035"><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr> <tr> <td data-bbox="435 1035 980 1150">Work Truck: 2010 Dodge</td><td data-bbox="980 1035 1263 1077"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 1035 1534 1077"><input type="checkbox"/> \$5,000 - \$9,999</td></tr> <tr> <td data-bbox="435 1077 980 1150"></td><td data-bbox="980 1077 1263 1150"><input checked="" type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 1077 1534 1150"><input type="checkbox"/> \$25,000 OR MORE</td></tr> <tr> <td data-bbox="435 1150 980 1266">Lab Trailer: 2016 Sundowner</td><td data-bbox="980 1150 1263 1192"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 1150 1534 1192"><input type="checkbox"/> \$5,000 - \$9,999</td></tr> <tr> <td data-bbox="435 1192 980 1266"></td><td data-bbox="980 1192 1263 1266"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 1192 1534 1266"><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr> <tr> <td data-bbox="435 1266 980 1381">Work Cycle: 2008 Yamaha</td><td data-bbox="980 1266 1263 1308"><input checked="" type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 1266 1534 1308"><input type="checkbox"/> \$5,000 - \$9,999</td></tr> <tr> <td data-bbox="435 1308 980 1381"></td><td data-bbox="980 1308 1263 1381"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 1308 1534 1381"><input type="checkbox"/> \$25,000 OR MORE</td></tr> </tbody> </table>		DESCRIPTION	CATEGORY		Office and 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	Work Bus: 1998 Prevost	<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	Work Truck: 2010 Dodge	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE	Lab Trailer: 2016 Sundowner	<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	Work Cycle: 2008 Yamaha	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE
DESCRIPTION	CATEGORY																																		
Office and 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																																	
Work Bus: 1998 Prevost	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
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Work Truck: 2010 Dodge	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
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Lab Trailer: 2016 Sundowner	<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																																	
Work Cycle: 2008 Yamaha	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE																																	

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

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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) Ernest Bailes/DBA: Rocking B Cattle Company [REDACTED] [REDACTED]																
2 BUSINESS TYPE	Commercial Cattle Operation																
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																
4 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>Livestock</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>Facilities and Equipment</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Livestock	<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	Facilities and Equipment	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE
DESCRIPTION	CATEGORY																
Livestock	<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															
Facilities and 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															

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all 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.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Ernest Bailes/DBA: Repro Select [REDACTED] [REDACTED]						
2 BUSINESS TYPE	Livestock Reproduction						
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____						
4 LIABILITIES	<table border="1"><thead><tr><th data-bbox="435 766 982 808">DESCRIPTION</th><th data-bbox="982 766 1534 808">CATEGORY</th></tr></thead><tbody><tr><td data-bbox="435 808 982 924" rowspan="2">Note for Purchase of Equipment--Peoples State Bank</td><td data-bbox="982 808 1534 850"><input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="982 850 1534 924"><input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY	Note for Purchase of Equipment--Peoples State Bank	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY						
Note for Purchase of Equipment--Peoples State Bank	<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						

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

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Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

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) Ernest Bailes/DBA: Rocking B Cattle Company 1010 Bailes Dairy Road Shepherd, TX 77371	
2 BUSINESS TYPE	Commercial Cattle Production	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION Note for Purchase of Land--Peoples State Bank	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

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

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

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

1 ORGANIZATION	San Jacinto County Farm Bureau
2 POSITION HELD	Board: Vice Chairman
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	San Jacinto County Fair Assoc.
POSITION HELD	Board: Member
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	San Jacinto Co Go Texan
POSITION HELD	Board: Member
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

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

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission 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.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2017, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Mr. Ernest J. Bailes IV

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath