		Page 1 of 6
FINANCIAL DISCLOSURE STATEMENT For New N	For New Members, Candidates, and New Employees	NOV 19 2015
Name: Dwayre Stovall Daytime T	Telephon	2015 NOV 25 AH 10: 52
New Member of or Candidate for State: TEXAS U.S. House of Representatives District: 36 Candidates – Date of Election: 11 - 8 - 2016	Check if Amendment	Office Use Only)
New Officer or Employee Employing Office:	to 9 - 30 - 15	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI	NG SCHEDULE IF YOU ANSWER "YES" DULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	IATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child?	certain other "excepted trusts" need not be disclosed. H	ave you excluded from Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ctions, or liabilities of a spouse or dependent child because they meet all three n Ethics.	use they meet all three Yes No X

SC

		ABC Hedge Fund X	Examples	DC, Mega Corp Stock	income source is that of your spouse (SP) or dependent child (OC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly tracked, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	For bank and other cash accounts, total me amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	_	For all IRAs and other retirement plans (such as	Provide complete names of stocks and mutual funds *((do not use only ticker symbols).		Identify (a) each asset held for investment or in production of income and with a fair market value ye exceeding \$1,000 at the end of the reporting period by	Assets and/or Income Sources	BLOCK A	SCHEDULE A – ASSETS &
		×	fnderfinite	×	None \$1-\$1,000 \$15,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,00 \$1,000,001-\$5,000,00 \$5,000,001-\$5,000,00 \$25,000,001-\$50,000 \$25,000,001-\$25,000	000	00*			() () () () () () () () () ()			*Column M is for assets held by your spouse or dependent child in which you have no interest.	ne reporting period and is erated income, the value	indicate value of asset at close of the reporting period. If I you use a valuation method other than fair market value, to please specify the method used.	Value of Asset	BLOCK B	& "UNEARNED INCOME"
		Partnership Income	Ruyaities	×	NONE DIMIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TAX-DEFERRED Other Type of Incom		.g., Partnership Inco	ome or Farm Inc	come)				Check "None" if the asset generated no noome during the reporting period.	ax-Deferred column. Dividends, (, and capital gains, even if ted, must be disclosed as income sets held in taxable accounts	that apply. For accounts leferred income (such as counts), you may check	Type of Income	BLOCK C	Name: \\
		×	X	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000,000 \$100,001-\$1,000,000 \$100,001-\$1,000,000 \$00,001-\$1,000,000 \$1,001,001,000 \$1,001,001,000 \$1,001,001,000 \$1,001,001,000 \$1,001,001,000 \$1,001,001,000 \$1,001,001,000 \$1,001,001,000,000 \$1,001,001,000,000 \$1,001,001,000,000 \$1,0001,000	ver \$1,000					Current Year Preceding Year		0.	7 7 7	15 For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all 18 other assets indicate the category of income by checking the appropriate box below. Dividende, interest, 18 other assets held in taxable that cannot again, awan if reinvested, must be disclosed as income for assets held in taxable.	Amount of Income	BLOCK D	WAYNE Stovall Page 2 of 6

Use additional sheets if more space is required.

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SCHEDULE C - EARNED INCOME

Name: WAYNO とろれ Page_

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

Source (include date of receipt for honoraria)	Type		Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Diamond K Egyptonat Inc.	SALARY	-0-	2,354.00
Librery Tresting LLC.	SALARY	\$21,000	#3,241.00
TARKINGTON I.S.D.	Spouse SWACY	N/A	NA
Keep Texas Free LLC	SALACY	0,	\$1,013.00

SCHEDULE D - LIABILITIES

Name: DWAYNE Stovall	Page S of 6
ring the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting cured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	ount owed during the reporting gage on your personal residence
household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and bor your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period	ss you are personally liable); and the close of the reporting period

period. New Members: Members are required to report all liabilities secured by real proper (unless you rent it out or are a Member); loans secured by automobiles, household furniture, liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Rej exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time du

				DC, JT		
	Gre)	Example			
	Great Lakes	Chase	First Bank of Wilmington, DE	Creditor		
	1/8	10/15	5/98	Date Liability Incurred MO/YR		
	Student Loan	Credit Card	Mortgage on Rental Property, Dover, DE	Type of Liability		
	×			\$10,001- \$15,000	>	
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				Over \$50,000,000	٠	
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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Position	Name of Organization
President	Diamond K Excipment Inc.
MANAGER	Liberty Testins LCC
MANAGER	Keep Texas Free LLC
Trustre	2

SCHEDULE F - AGR

EEMENTS	Name: DWAYNE Storall	Page_ 6_ of _ 6_
general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	spect to: future employment; a leave of absence during the period	of government service;

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	1	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services