PERSONAL FINANCIAL STATEMENT FORM PFS-LOCAL **COVER SHEET** PAGE 1 TOTAL NUMBER OF PAGES FILED: Filed in accordance with chapter 572 of the Government Code. For filings required in 2018, covering calendar year ending December 31, 2017. Filer ID Use FORM PFS--INSTRUCTION GUIDE when completing this form. TITLE; FIRST; MI 1 NAME OFFICE USE ONLY Date Received Waller County Elections Ms. Carol A. NICKNAME: LAST: SUFFIX Chanev FEB 1 2 2018 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2 ADDRESS Received PO Box 966 Hempstead, TX 77445 Date Hand-delivered or Date Postmarked Amount \$ Receipt # AREA CODE PHONE NUMBER; EXTENSION **Date Processed TELEPHONE** NUMBER (713) 305-1312 Date Imaged REASON Judge, County Court at Law; Waller County FOR FILING (INDICATE OFFICE) STATEMENT ELECTED OFFICER _____ (INDICATE OFFICE) OTHER (INDICATE POSITION) Family members whose financial activity you are reporting (see instructions). J. Richard Stoker DEPENDENT CHILD 1. _ 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).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

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			

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	✓ FILER	SPOUSE	DEPENDENT CHILD	
² EMPLOYMENT			EMPLOYER / POSITION HELD	
EMPLOYED BY ANOTHER	Law Office of Ca PO Box 966 Hempstead, TX	•		
7	Attorney / Owne	er		
SELF-EMPLOYED	Attorney	NATURE OF	OCCUPATION	
INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD	
EMPLOYMENT EMPLOYED BY ANOTHER	POWER Engine 3940 Glenbrook PO Box 1066 Hailey, ID 83333	ers, Inc Drive	EMPLOYER / POSITION HELD	
SELF-EMPLOYED	Vice President, Engineer	Environmental So NATURE OF	OCCUPATION	
INFORMATION RELATES TO	✓ FILER	SPOUSE	DEPENDENT CHILD	
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD			
EMPLOYED BY ANOTHER	Waller County 836 Austin Stree Hempstead, TX			
	Attorney on Indigent Defense Contract			
	NATURE OF OCCUPATION			
SELF-EMPLOYED	Attorney	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK PART 2 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 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 POWER Engineers, Inc ² STOCK HELD OR ACQUIRED BY FILER ✓ SPOUSE DEPENDENT CHILD 100 TO 499 3 NUMBER OF SHARES LESS THAN 100 500 TO 999 1.000 TO 4.999 10,000 OR MORE)5.000 TO 9.999 4 IF SOLD NET GAIN \$5,000-\$9,999 \$10.000-\$24.999 LESS THAN \$5,000 \$25,000-OR MORE NET LOSS **BUSINESS ENTITY** NAME Apple (APPL) STOCK HELD OR ACQUIRED BY **✓** SPOUSE FILER DEPENDENT CHILD 100 TO 499 500 TO 999 1,000 TO 4,999 NUMBER OF SHARES LESS THAN 100 5,000 TO 9,999 10,000 OR MORE IF SOLD NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE NET LOSS **BUSINESS ENTITY** American Electric Power (AEP) STOCK HELD OR ACQUIRED BY **✓** SPOUSE DEPENDENT CHILD FILER 100 TO 499 500 TO 999 1.000 TO 4,999 NUMBER OF SHARES C LESS THAN 100 5,000 TO 9,999 10,000 OR MORE IF SOLD NET GAIN \$5.000-\$9.999 \$10.000-\$24.999 \$25,000-OR MORE LESS THAN \$5,000 NET LOSS **BUSINESS ENTITY** Duke Energy (DUK) **✓** SPOUSE DEPENDENT CHILD STOCK HELD OR ACQUIRED BY T FILER 1.000 TO 4.999 LESS THAN 100 100 TO 499)500 TO 999 NUMBER OF SHARES 10.000 OR MORE 5.000 TO 9.999 \$10.000-\$24,999 () \$25,000-OR MORE IF SOLD NET GAIN \$5.000-\$9,999 LESS THAN \$5,000 NET LOSS NAME **BUSINESS ENTITY** Enbridge, Inc. (ENB) DEPENDENT CHILD **▼** SPOUSE STOCK HELD OR ACQUIRED BY FILER 1,000 TO 4,999 500 TO 999 100 TO 499 LESS THAN 100 NUMBER OF SHARES 10,000 OR MORE 5.000 TO 9.999 \$10,000-\$24,999 \$25,000--OR MORE \$5,000-\$9,999 IF SOLD NET GAIN LESS THAN \$5,000

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NET LOSS

STOCK PART 2 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 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. BUSINESS ENTITY NAME Google (GOOG) ² STOCK HELD OR ACQUIRED BY FILER **✓** SPOUSE DEPENDENT CHILD LESS THAN 100)100 TO 499 3 NUMBER OF SHARES 500 TO 999 1,000 TO 4,999 10,000 OR MORE)5,000 TO 9,999 4 IF SOLD NET GAIN \$5,000-\$9,999 \$10,000-\$24,999 () LESS THAN \$5,000 \$25,000--OR MORE NET LOSS **BUSINESS ENTITY** NAME Google (GOOGL) STOCK HELD OR ACQUIRED BY FILER **▼** SPOUSE DEPENDENT CHILD LESS THAN 100) 100 TO 499 500 TO 999 1,000 TO 4,999 NUMBER OF SHARES 5,000 TO 9,999 10,000 OR MORE IF SOLD NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000--OR MORE NET LOSS NAME **BUSINESS ENTITY** Waste Management (WM) SPOUSE DEPENDENT CHILD STOCK HELD OR ACQUIRED BY FILER 100 TO 499) 500 TO 999 1,000 TO 4,999 LESS THAN 100 NUMBER OF SHARES 10,000 OR MORE 5,000 TO 9,999 IF SOLD NET GAIN \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 NET LOSS **BUSINESS ENTITY AECOM** STOCK HELD OR ACQUIRED BY **✓** SPOUSE DEPENDENT CHILD FILER 1,000 TO 4,999 100 TO 499)500 TO 999 LESS THAN 100 NUMBER OF SHARES 10.000 OR MORE 5.000 TO 9.999 IF SOLD NET GAIN **)**\$5,000-\$9,999 **()**\$10,000-\$24,999 \$25,000-OR MORE) LESS THAN \$5,000 **NET LOSS** NAME **BUSINESS ENTITY** STOCK HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD FILER 500 TO 999 1,000 TO 4,999 100 TO 499 NUMBER OF SHARES LESS THAN 100 10,000 OR MORE 5,000 TO 9,999 IF SOLD NET GAIN \$5,000-\$9,999 \(\)\$10,000-\$24,999 \(\)\$25,000--OR MORE LESS THAN \$5,000 NET LOSS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS PART 4 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 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 Fidelity Government (FDRXX) ² SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD ___ HELD OR ACQUIRED BY 3 NUMBER OF SHARES 500 TO 999 LESS THAN 100 100 TO 499 1.000 TO 4.999 OF MUTUAL FUND 10,000 OR MORE 5,000 TO 9,999 4 IF SOLD NET GAIN \$5.000-\$9.999 \$10,000-\$24,999 \$25,000--OR MORE LESS THAN \$5,000 NET LOSS **MUTUAL FUND** NAME Fidently Fund (FFIDX) SHARES OF MUTUAL FUND ☐ FILER SPOUSE DEPENDENT CHILD ___ HELD OR ACQUIRED BY NUMBER OF SHARES 100 TO 499 500 TO 999 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND 10.000 OR MORE 5,000 TO 9,999 IF SOLD NET GAIN \$10,000-\$24,999 (\$25,000--OR MORE LESS THAN \$5,000 \$5,000-\$9,999 **NET LOSS MUTUAL FUND** NAME SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD _ HELD OR ACQUIRED BY 1.000 TO 4,999 500 TO 999 100 TO 499 LESS THAN 100 NUMBER OF SHARES OF MUTUAL FUND

5,000 TO 9,999

LESS THAN \$5,000

10,000 OR MORE

\$5,000-\$9,999

\$25,000--OR MORE

\$10,000-\$24,999

IF SOLD

NET GAIN

NET LOSS

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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 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.

SOURCE OF INCOME Publicly held corporation	Pineridge Investments, LLP dba Homeland Title Company PO Box 453 Whitehouse, TX 75791		
² RECEIVED BY	✓ FILER	SPOUSE	DEPENDENT CHILD
3 AMOUNT	\$500-\$4,999	\$5,000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE
SOURCE OF INCOME Publicly held corporation	Pete Mikalajewski 24110 Jingles Road Hempstead, TX 77445		DADDRESS
RECEIVED BY	✓ FILER	✓ SPOUSE	DEPENDENT CHILD
AMOUNT	\$500-\$4,999	\$5,000-\$9,999	\$10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME Publicly held corporation		NAME AND	ADDRESS
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	\$500-\$4,999	\$5,000-\$9,999 (\$10,000\$24,999 \$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

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.

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	John & Elouise Chaney			
² LIABILITY OF	✓ FILER	✓ SPOUSE	DEPENDENT CHILD	
3 GUARANTOR				
4 AMOUNT	\$1,000-\$4,999	\$5,000\$9,999 (\$10,000\$24,999 \$25,000-OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	FILER	SPOUSE	DEPENDENT CHILD	
GUARANTOR				
AMOUNT	\$1,000-\$4,999	\$5,000\$9,999 (\$10,000-\$24,999 \$25,000-OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	FILER	SPOUSE	DEPENDENT CHILD	
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999 (\$10,000-\$24,999 \$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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.

1 HELD OR ACQUIRED BY	✓ FILER	✓ SPOUSE	DEPENDENT CHILD
2 STREETADDRESS ☐ NOTAVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 26179 Texas Highway 6 Hempstead, TX 77445 Waller County		
3 DESCRIPTION LOTS ACRES	~78 acres, Wall		NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	John H. & Elouis	se Chaney partial i	nterest in Minerals
F SOLD NET GAIN NET LOSS	OLESS THAN \$5,0	5000 \$5,000\$9,999 (\$10,000\$24,999 \$25,000OR MORE
HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD
STREET ADDRESS NOT AVAILABLE	820 13th Street Hempstead, TX 774		IG CITY, COUNTY, AND STATE
DESCRIPTION LOTS ACRES	า lot; Waller Cou		NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	None		
IF SOLD ONET GAIN ONET LOSS	CLESS THAN \$5,	000 (\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

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.

providing the number under which the child is listed on the Gover cheet.				
1 HELD OR ACQUIRED BY	✓ FILER	✓ SPOUSE	DEPENDENT CHILD	
2 STREETADDRESS NOT AVAILABLE	1718 Bayou Ber Katy, TX 77493	JDING CITY, COUNTY, AND STATE		
3 DESCRIPTION LOTS ACRES	1 lot, Waller		ND NAME OF COUNTY WHERE LOCATED	
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	None			
F SOLD NET GAIN NET LOSS	OLESS THAI	N \$5,000 \$5,000\$9,99	99 (\$10,000\$24,999 (\$25,000OR MORE	
HELD OR ACQUIRED BY	☐ FILER	SPOUSE	DEPENDENT CHILD	
STREET ADDRESS NOT AVAILABLE		STREET ADDRESS, INCLU	JDING CITY, COUNTY, AND STATE	
DESCRIPTION OLOTS OACRES		NUMBER OF LOTS OR ACRES A	ND NAME OF COUNTY WHERE LOCATED	
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD ONET GAIN ONET LOSS	O LESS THA	N \$5,000 \$5,000\$9,99	9 \$10,000\$24,999 \$25,000OR MORE	
COPY A	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

INTERESTS 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.

1 HELD OR ACQUIRED BY	✓ FILER	SPOUSE	DEPENDENT CHILD	
² DESCRIPTION	NAME AND ADDRESS Law Office of Carol Chaney PO Box 966 Hempstead, TX 77445			
3 IF SOLD NET GAIN NET LOSS	CLESS THAN \$5,	000 \$5,000\$9,999 (\$10,000\$24,999 \$25,000OR MORE	
HELD OR ACQUIRED BY	✓ FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	Powers Bryant, PO Box 985 Hempstead, TX		ADDRESS	
IF SOLD NET GAIN NET LOSS	CLESS THAN \$5,	000 \$5,000\$9,999 (\$10,000\$24,999 \$25,000OR MORE	
HELD OR ACQUIRED BY	✓ FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	Carol A. Chaney 2012 Trust PO Box 966 Hempstead, TX 77445			
IF SOLD NET GAIN NET LOSS	CLESS THAN \$5,	000 \$5,000\$9,999 (\$10,000\$24,999 \$25,000OR MORE	
COPY A	ND ATTACH ADD	ITIONAL PAGES AS	NECESSARY	

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.

¹ BUSINESS ASSOCIATION	Law Office of Carol A. Chane PO Box 966 Hempstead, TX 77445	NAME AND	ADDRESS
² BUSINESS TYPE	Sole Proprietors	ship	
³ HELD, ACQUIRED, OR SOLD BY	✓ FILER	SPOUSE	DEPENDENT CHILD
⁴ ASSETS	Office furnishings a		CATEGORY LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
	OPY AND ATTACH AL	DDITIONAL 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, 2017 and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

Sworn to and subscribed before me, by the said <u>Carol A Chaney</u>, this the <u>12</u> day of <u>February</u>, 20 18, 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