

# PERSONAL FINANCIAL STATEMENT

## FORM PFS COVER SHEET

Filed in accordance with chapter 572 of the Government Code. ✓  
 For filings required in 2014, covering calendar year ending December 31, **2013**.  
 Use FORM PFS - INSTRUCTION GUIDE when completing this form.

PAGE # Page 1 of 9

ACCOUNT # 65836

1 NAME

TITLE, FIRST, MI  
Mr. LANCE

NICKNAME, LAST, SUFFIX  
GOODEN

2 ADDRESS

PO BOX 2125  
TERRELL, TX 75160

(CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE NUMBER; EXTENSION  
(903) 386-1276

**OFFICE USE ONLY**

Date Received **HAND DELIVERED RECEIVED**  
JAN 21 2014 m2

Texas Ethics Commission

Receipt #

AM 1/21 Amount

Legal

Date Processed **PROCESSED JAN 21 2014**

Date Imaged

4 REASON FOR FILING STATEMENT

- CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ELECTED OFFICER STATE REPRESENTATIVE (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. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In parts 1 through 18, you will disclose your financial activity during the 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.

9 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY R: 600795

# 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.

|  |   |
|--|---|
| <b>1</b> INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| <b>2</b> EMPLOYMENT<br><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br><br>STATE OF TEXAS<br><br>1100 CONGRESS<br>AUSTIN, TX 78701<br><br>STATE REPRESENTATIVE<br><br><hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION<br><br>ELECTED OFFICIAL |

|   |   |
|---|---|
| INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| EMPLOYMENT<br><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br><br>RYAN COMPANY, LLC<br><br>13155 NOEL ROAD<br>SUITE 100<br>DALLAS, TX 75240<br><br>DIRECTOR<br><br><hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION<br><br>FINANCIAL SERVICES |

**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           | <div style="text-align: right; margin-right: 20px;">NAME</div> AMERICAN INTERNATIONAL GROUP (AIG)  |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| 3 NUMBER OF SHARES          | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE                       |
| 4 IF SOLD                   | <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS<br><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 |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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<br>HOLDING NOTE OR<br>LEASE AGREEMENT | CITIZENS NATIONAL BANK OF TEXAS  |
| 2 LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| 3 GUARANTOR   | GOODEN, LANCE  |
| 4 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 |

**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 checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____   |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE<br>215 ELM DRIVE<br>TERRELL, TX 75160<br>KAUFMAN   |
| 3 DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>1 lot   |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST)            | GOODEN, THOMAS (M)<br>CITIZENS NATIONAL BANK OF TEXAS   |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><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**

**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     | TERRELL SHARE CENTER   |
| 2 POSTITION HELD   | BOARD MEMBER   |
| 3 POSITION HELD BY | <input checked="" 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** NOT APPLICABLE

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 | <p style="text-align: center;">NAME AND ADDRESS</p> <p>RIO GRANDE VALLEY PARTNERSHIP</p> <p>322 S. MISSOURI<br/>WESLACO, TX 78599</p> |
| 2 AMOUNT   | \$510.12  |

|          |   |
|----------|---|
| PROVIDER | <p style="text-align: center;">NAME AND ADDRESS</p> <p>TURQUOISE COUNCIL OF AMERICANS AND EURASIANS</p> <p>2700 POST OAK BLVD.<br/>SUITE 1750<br/>HOUSTON, TX 77056</p> |
| AMOUNT   | \$2,200.00  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

## 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
- 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

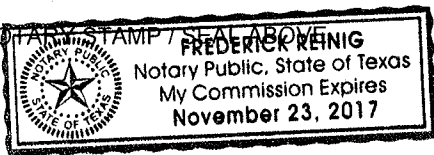
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer 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, **2013**, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

*Lance Gooden*

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me by Lance Gooden this the 21<sup>ST</sup> day of January, 2014, to certify which, witness my hand and seal of office.

*Frederick Reinig*

Signature of officer administering oath

Frederick Reinig

Printed name of officer administering oath

Notary

Title of officer administering oath