

# PERSONAL FINANCIAL STATEMENT

FORM PFS  
COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2015, covering calendar year ending December 31, 2014.  
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

7

ACCOUNT #

1 NAME

TITLE; FIRST; MI

Judge Linda

NICKNAME; LAST; SUFFIX

Bayless

OFFICE USE ONLY

Date Received

RECEIVED

JUL 02 2019

BURNET CO ELECTIONS

2 ADDRESS

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

1503 County Road 132 A  
Kingsland, Texas 78639

(CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(512) 413.5403

Date Processed

Date Imaged

4 REASON FOR FILING STATEMENT

CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)

ELECTED OFFICER Judge, Burnet County Court at Law (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 Troy Eugene Bayless

DEPENDENT CHILD 1. None

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

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

## 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.*

## b 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.

<p><sup>1</sup> INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER      <input type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p><sup>2</sup> EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD  <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Burnet County, Texas                  County Court at Law Judge</p> <hr/> <p>NATURE OF OCCUPATION</p>
<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD  <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Retired</p> <hr/> <p>NATURE OF OCCUPATION</p>
<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER      <input type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD  <input type="checkbox"/> (Check If Filer's Home Address)</p> <hr/> <p>NATURE OF OCCUPATION</p>

**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	NAME			
	<i>Corning Inc</i>			
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<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 checked="" type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE

BUSINESS ENTITY	NAME			
	<i>Au Optonics Corp ADS</i>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
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
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE

BUSINESS ENTITY	NAME			
	<i>Intel Corp</i>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
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
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE

BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE

BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE

**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	Oppenheimer Developing Markets Fund CLA		
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3	NUMBER OF SHARES OF MUTUAL FUND	<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
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
4	IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		

	MUTUAL FUND	NAME	Van Eck Global Hard Assets Fund CIA		
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
	NUMBER OF SHARES OF MUTUAL FUND	<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
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
	IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		

	MUTUAL FUND	NAME	Pimco Community Real Return Fund CLA		
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
	NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
	IF SOLD	<input type="checkbox"/> NET GAIN	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input checked="" type="checkbox"/> NET LOSS	<input type="checkbox"/> \$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.

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 checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1503 CR 1324 Kingsland, TX 78639		
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 2 lots - Burnet County		
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)			
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		

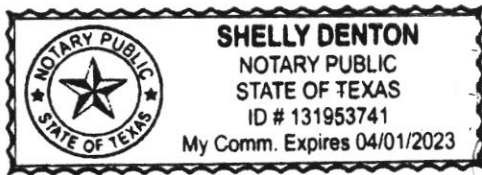
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE woodland Park, Colorado 134 Illini Street 80863		
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 lot		
NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	UBS		
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		

COPY AND ATTACH ADDITIONAL 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, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



*[Handwritten Signature]*

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda Bayless, this the 1 day of July, 2014, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath.

Shelly Denton  
Printed name of officer administering oath

Notary  
Title of officer administering oath