

# PERSONAL FINANCIAL STATEMENT

# FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

**COVER SHEET**  
**PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2025, covering calendar year ending December 31, 2024. Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

**1 NAME**

TITLE; FIRST; MI  
**William Craig**

NICKNAME; LAST; SUFFIX  
**Sullivan**

**2 ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**852 CR 315  
Lometa, Texas 76853**

**3 TELEPHONE NUMBER**

AREA CODE PHONE NUMBER; EXTENSION  
**( 325 ) 938-5336**

**OFFICE USE ONLY**  
**FILED FOR RECORD**  
Date Received **At 9:27 O'Clock A M**  
**APR 25 2025**  
*Sonya Scott*  
**SONYA SCOTT County & District Clerk**  
Mills County, Texas  
Date Hand-delivered to County Clerk  
Receipt # Amount \$  
Date Processed  
Date Imaged

**4 REASON FOR FILING STATEMENT**

- CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ELECTED OFFICER **Mills County Commissioner, Precinct One** (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 **Beverly Jean Stone Sullivan**

DEPENDENT CHILD 1. \_\_\_\_\_

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

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

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, 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**

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 - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - 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
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# 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.

<b>1</b> INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small>  Mills County PO Box Goldthwaite, Texas 76844 County Commissioner - Precinct One
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input checked="" type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small>  Texas Farm Bureau - Mills County PO Box 416 Goldthwaite, Texas 76844 FISR
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small>
<input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>

**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.

<b>1 BUSINESS ENTITY</b>	NAME
	Edward D Jones
<b>2 STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3 NUMBER OF SHARES</b>	<input type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input checked="" type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
<b>4 IF SOLD</b>	<input type="radio"/> NET GAIN <input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input checked="" type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE <input type="radio"/> NET LOSS
<b>BUSINESS ENTITY</b>	NAME
	Edward D Jones
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>NUMBER OF SHARES</b>	<input checked="" type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
<b>IF SOLD</b>	<input type="radio"/> NET GAIN <input checked="" type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE <input type="radio"/> NET LOSS
<b>BUSINESS ENTITY</b>	NAME
	Edward D Jones
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>NUMBER OF SHARES</b>	<input checked="" type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
<b>IF SOLD</b>	<input type="radio"/> NET GAIN <input checked="" type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE <input type="radio"/> NET LOSS
<b>BUSINESS ENTITY</b>	NAME
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>NUMBER OF SHARES</b>	<input type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
<b>IF SOLD</b>	<input type="radio"/> NET GAIN <input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE <input type="radio"/> NET LOSS
<b>BUSINESS ENTITY</b>	NAME
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>NUMBER OF SHARES</b>	<input type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
<b>IF SOLD</b>	<input type="radio"/> NET GAIN <input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE <input type="radio"/> NET LOSS

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BONDS, NOTES & OTHER COMMERCIAL PAPER

## PART 3

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 bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, 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.

<b>1</b> DESCRIPTION OF INSTRUMENT	Mills County Farm Bureau Building Note
<b>2</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> IF SOLD  <input type="radio"/> NET GAIN  <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input checked="" type="radio"/> \$53,810 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD  <input type="radio"/> NET GAIN  <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD  <input type="radio"/> NET GAIN  <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# 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 \$1,080* 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.

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 SOURCE OF INCOME</b> <input type="checkbox"/> Publicly held corporation	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> Mills County Farm Bureau Building Note
<b>2 RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3 AMOUNT</b>	<input checked="" type="radio"/> \$1,080--\$10,759 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

<b>SOURCE OF INCOME</b> <input type="checkbox"/> Publicly held corporation	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> MC Bank Accounts Interest
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>AMOUNT</b>	<input checked="" type="radio"/> \$1,080--\$10,759 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

<b>SOURCE OF INCOME</b> <input type="checkbox"/> Publicly held corporation	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> BanCorp South CD Interest
<b>RECEIVED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>AMOUNT</b>	<input checked="" type="radio"/> \$1,080--\$10,759 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 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.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <b>852 County Road 315            Lometa, Texas 76853</b>
<b>3 DESCRIPTION</b> <input type="radio"/> LOTS <input checked="" type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <b>80 acres</b>
<b>4 NAMES OF PERSONS          RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>5 IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

<b>HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>DESCRIPTION</b> <input type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
<b>NAMES OF PERSONS          RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

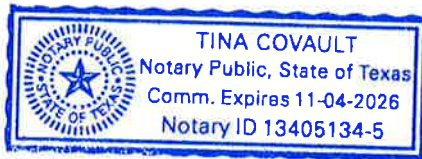
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer 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, 2024, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

William Craig Sutter  
Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William Craig this the 25 day of April, 2025, 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

Tina Covault

Tina Covault

Justice of the Peace  
Clerk

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Registrant (Declarant)