

# PERSONAL FINANCIAL STATEMENT

# FORM PFS - LOCAL

## COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2018, covering calendar year ending December 31, 2017.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

1 NAME

TITLE; FIRST; MI

Arleen

NICKNAME; LAST; SUFFIX

Parada

OFFICE USE ONLY

Date Received

received  
4.30.18

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

2 ADDRESS

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

PO BOX 812 Clint TX 79836

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

( 915 ) 5401767

Date Processed

Date Imaged

4 REASON FOR FILING STATEMENT

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

ELECTED OFFICER School Board Secretary \_\_\_\_\_ (INDICATE OFFICE)

OTHER \_\_\_\_\_ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE \_\_\_\_\_

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

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

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

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**

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.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  Teacher Socorro ISD 12440 Rojas Drive El Paso TX 79928
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION  Teacher

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

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

**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, 2017, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Arleen Parada  
Signature of Filer



Sworn to and subscribed before me, by the said Arleen Parada, this the 30 day of April, 20 18, to certify which, witness my hand and seal of office.

[Signature]                      Noemi Oropeza                      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath