

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2022, covering calendar year ending December 31, 2021.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
9

ACCOUNT #
00069489

1 NAME	TITLE; FIRST; MI The Honorable Tony D.	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/13/2022	
	NICKNAME; LAST; SUFFIX Tinderholt		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP [REDACTED]	Receipt #	
	[REDACTED]	HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION	Date Imaged	

4 REASON FOR FILING STATEMENT	<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input checked="" type="checkbox"/> ELECTED OFFICER <u>State Representative HD94</u> (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

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

SPOUSE Bethany Tinderholt

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).

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 FILER INFORMATION	FILER NAME Tinderholt, Tony D. (The Honorable) FILER ID 00069489
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ████████████████████ ████████████████████ POSITION HELD
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Security Company

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 \$1,860 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.

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1 FILER INFORMATION	FILER NAME Tinderholt, Tony D. (The Honorable)	FILER ID 00069489
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Ford Motor Company	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$46,580 or more	

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.

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1 FILER INFORMATION	FILER NAME Tinderholt, Tony D. (The Honorable) FILER ID 00069489
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE ████████████████████ ████████████████████
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

OWNERSHIP 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 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 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Tinderholt, Tony D. (The Honorable) FILER ID 00069489
2 BUSINESS ASSOCIATION	NAME AND ADDRESS Tier One Holdings LLC 7500 W Camp Wisdom Road Dallas, TX 75236
3 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BOARDS AND EXECUTIVE POSITIONS

PART 12

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 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.

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1 FILER INFORMATION	FILER NAME Tinderholt, Tony D. (The Honorable)	FILER ID 00069489
2 ORGANIZATION	Arlington Police Foundation	
3 POSITION HELD	Board member	
4 POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

CONTRACTS TO SELL GOODS OR SERVICES TO A GOVERNMENTAL ENTITY OR GOVERNMENTAL ENTITY CONTRACTOR

PART 19

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 the parties to all contractors in the amount of \$2500 or more if the aggregate of goods or services sold under all written contracts exceeds \$10,000 in which you, your spouse, or a dependent child, or any business entity of which you, your spouse, or a dependent child, independtly or in conjunction with, has at least 50% ownership. 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 FILER INFORMATION	<table border="0"> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Tinderholt, Tony D. (The Honorable)</td> <td>00069489</td> </tr> </table>	FILER NAME	FILER ID	Tinderholt, Tony D. (The Honorable)	00069489																
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2 FILER PARTIES	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT _____																				
3 GOVERNMENTAL PARTIES	<table border="0"> <tr> <td colspan="2" style="text-align: center;">NAME AND ADDRESS</td> </tr> <tr> <td colspan="2">International Leadership of TX</td> </tr> <tr> <td colspan="2">1651 N Glenville Dr #216</td> </tr> <tr> <td colspan="2">Richardson, TX 75081</td> </tr> <tr> <td><input checked="" type="checkbox"/> GOVERNMENTAL ENTITY</td> <td><input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">NAME AND ADDRESS</td> </tr> <tr> <td colspan="2">Newman International</td> </tr> <tr> <td colspan="2">2011 S Fielder R</td> </tr> <tr> <td colspan="2">Arlington, TX 76013</td> </tr> <tr> <td><input checked="" type="checkbox"/> GOVERNMENTAL ENTITY</td> <td><input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____</td> </tr> </table>	NAME AND ADDRESS		International Leadership of TX		1651 N Glenville Dr #216		Richardson, TX 75081		<input checked="" type="checkbox"/> GOVERNMENTAL ENTITY	<input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____	NAME AND ADDRESS		Newman International		2011 S Fielder R		Arlington, TX 76013		<input checked="" type="checkbox"/> GOVERNMENTAL ENTITY	<input type="checkbox"/> CONTRACTOR FOR GOVERNMENTAL ENTITY _____
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4 BUSINESS PARTIES	<table border="0"> <tr> <td colspan="2" style="text-align: center;">NAME AND ADDRESS</td> </tr> <tr> <td colspan="2">Tier One Holdings LLC</td> </tr> <tr> <td colspan="2">7500 W Camp Wisdom Road</td> </tr> <tr> <td colspan="2">Dallas, TX 75236</td> </tr> </table>	NAME AND ADDRESS		Tier One Holdings LLC		7500 W Camp Wisdom Road		Dallas, TX 75236													
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PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
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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 - 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

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission 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.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Tony D. Tinderholt

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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