SWORN COMPLAINT BEFORE THE TEXAS ETHICS COMMISSION

An individual must be a resident of the state of Texas to be eligible to file a sworn complaint with the Texas Ethics Commission. The complainant is required to attach to the complaint a copy of one of the following documents:

 complainant's driver's license or personal identification certificate issued under Chapter 521 of the Transportation Code, or commercial driver's license issued under Chapter 522 of the Transportation Code; or

 a utility bill, bank statement, government check, paycheck or other government document that shows the name and address of the complainant and is dated not more than 30 days before the date on which the complaint is filed.

An individual may also be eligible to file a sworn complaint with the Texas Ethics Commission if the individual owns real property in the state of Texas. Under this provision, the complainant will be required to attach to the complaint a copy of a property tax bill, notice of appraised value, or other government document that shows the name of the complainant, shows the address of the real property in Texas, and identifies the complainant as the owner of the real property.

Please completely fill out this form. Failure to complete this form properly will cause your complaint to be noncompliant and rejected.

OFFICE USE ONLY

Docket Number

Date Hand-delivered or Date Postmarked

C	ause your compl	laint to be noncompli	ant and reje	cted.					
I. IDENTITY OF COMPLAINANT									
1	COMPLAINANT NAME	Ms/MRs/MR Mr.		FIRST Craig			MI L.		
	(REQUIRED)	NICKNAME		LAST McDona	ld	SUFFIX			
	COMPLAINANT PHYSICAL ADDRESS (REQUIRED)	ADDRESS 609 W. 18 th St St	APT / SUITE &		CITY; Austin	STATE TX tate, and zip code)		78701	
3	COMPLAINANT MAILING ADDRESS	ADDRESS Same	APT /SUITE #	;	CITY;	STATE	;	ZIP CODE	
	X	(Full street or mailing address, including city, stats, and zip code)							
4	COMPLAINANT TELEPHONE NUMBER (REQUIRED)	AREA CODE PHONE NUMBI 512-472-9770	ER EXT	5 COMPL E-MAIL ADDRE (REQUIRED		craig@tpj.o	org		
II. IDENTITY OF RESPONDENT									
6	RESPONDENT NAME (REQUIRED)	ms/mrs/mr Mr. nickname		FIRST Charles LAST Heimsath			MI SUFFIX		
7	RESPONDENT POSITION OR TITLE (REQUIRED)	Director, Central Texas Regional Mobility Authority							
8	RESPONDENT PHYSICAL ADDRESS (REQUIRED)	ADDRESS 3300 North IH-35	apt/suite#; Suite	300	city; Aus	state stin TX		ZIPCODE 78705	
9	RESPONDENT MAILING ADDRESS Check if same as	ADDRESS	APT /SUITE#;	ling address, inck	CITY;	STATE; and zip code)		ZIPCODE	
10	RESPONDENT TELEPHONE NUMBER (REQUIRED)	AREA CODE PHONE NUMBER 512-996-9778		(REQUIRED	ADDRESS F KNOWN)	UNKOWN			
			GO TO	O PAGE 2	2				

Include the specific law(s) or rule(s) alleged to have been violated. The Texas Ethics Commission has jurisdiction to enforce only the following laws: (1) Title 15 of the Election Code; (2) Chapters 302, 303, 305, 572, 2004 of the Gov't Code; (3) § 334.025 and § 335.055 of the Local Gov't Code; (4) Subchapter C, Chapter 159 of the Local Gov't Code, in connection with a county judicial officer who elects to file a financial statement with the commission; (5) § 2152.064 and § 2155.003 of the Gov't Code; (6) § 306.005 of the Gov't Code.

Please completely fill out this form. Failure to complete this form properly will cause your complaint to be no compliant and rejected.

Respondent appears to have violated Chapter 572 Government Code: Personal Financial Disclosure, Standards of Conduct, and Conflict of Interest.

Specifically, respondent's Personal Financial Statements covering calendar 2013 (filed with the Commission on July 1, 2014) and covering calendar 2014 (filed with the Commission on April 27, 2015) do not appear to be compliant with Sec. 572.023

Particularly it appears the respondent is not in compliance with:

Sec. 572.023 (b)(6) which states an accounting of financial activity consists of the:

"identification by description of all beneficial interests in real property and business entities held or acquired, and if sold, the category of the amount of the net gain or loss realized from the sale;" and,

Sec. 572.023 (b)(10) which states an accounting of financial activity consists of:

"a list of all boards of directors of which the individual is a member and executive positions that the individual holds in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, or other business associations or proprietorships, stating the name of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association or proprietorship and the position held;"

ATTACH ADDITIONAL PAGES AS NEEDED

IV. STATEMENT OF FACTS	Page 3						
State the facts constituting the alleged violation(s), including the dates on which time in which the alleged violation(s) occurred. Identify allegations of fact not personne complainant, but alleged on information and belief. Please use simple, constatements.	or the period of onally known to cise, and direct						
Please completely fill out this form. Failure to complete this form properly will cause to be noncompliant and rejected.	your complaint						
	Į.						
Respondent's Personal Financial Statements covering calendar 2013 (filed wi	th the						
Commission on July 1, 2014) and covering calendar 2014 (filed with the Commission							
on April 27, 2015) appear to be incomplete and therefore, not in compliance. Government Code 572.	with						
Part 7B and Part 12 of Mr. Heimsath's PFS filings for 2013 and 2014 appear incomplete and therefore, not compliant with Government Code 572. It appears							
disclosure of the following information is missing.	43						
Secretary of State records suggest Mr. Heimsath served as a founding gove	rning						
member of 901 Big River, LLC, in August 2008 and served as the company's	director						
and registered agent. 901 Big River, LLC appears to share its mailing address with							
Mr. Heimsath's consulting firm: Capitol Market Research. Mr. Heimsath's PI disclosures covering 2013 and 2014 do not disclose any beneficial interest (Pa							
any executive or board roles (Part 12) in 901 Big River, LLC.	ut /b) oi						
miy oncounte of count 10.00 (1 mt 12) m yet 2.1g 14.01, 2200							
 Secretary of State records suggest Mr. Heimsath and his wife, Christy, are 							
governing directors of CKH West, LLC. Mr. Heimsath's PFS disclosures covering							
2013 and 2014 do not disclose any beneficial interest (Part 7B) or any executi	ve or						
board roles (Part 12) in CKH West, LLC.	the first and th						
ATTACH ADDITIONAL PAGES AS NEEDED							

V. LISTING OF DOCUMENTS AND OTHER MATERIALS Page 4							
List all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known.							
Please completely fill out this form. Failure to complete this form properly will cause your complaint to be noncompliant and rejected.							
Secretary of State filings for CKH West, LLC. Secretary of State filings for 901 Big River, LLC.							
2. Secretary of State Hilligs for 901 Big River, LLC.							
·							
ATTACH ADDITIONAL PAGES AS NEEDED							

VI. AFFIDAVIT

Page 5

BASED ON PERSONAL KNOWLEDGE

(Execute this affidavit if the acts alleged are within your direct personal knowledge.)

Please completely fill out this form. Failure to complete this form properly will cause your complaint to be noncompliant and rejected.

	l,	, complainant,				
	swear that I am a resident of the state of Texas. I swear that I have knowledge of the					
	facts alleged in this complaint and that the information contained in this complaint is					
	true and correct.					
	Signa	ture of Complainant				
AFFIX NOTARY STAMP / SEAL ABOVE		·				
Sworn to and subscribed before me, by the	he said	, this the day of				
	(Complainant)	,				
20	As assistent with a second and and assist	o#ioo				
, 20	_, to certify which, witness my hand and seal of	опісе.				
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath				
•	VII. AFFIDAVIT BASED ON INFORMATION AND BELIEF					
(Possessing Abrillanda 18 Abrillanda Abrilla		les but are based on researchie belief \				
(Execute this amidavit if the acts allege	d are not within your direct personal knowled	ige, but are based on reasonable belief.				
	, CRAIG L. N	(Complainant,				
	swear that I am a resident of the state of Tex					
	and do believe that the violation alleged in t	this complaint has occurred. The source				
	of my information and belief is					
	Secretury of State	TRAVIS COUNTY				
	of my information and belief is Sec Retury of State Appaisal District and Commission Filings	Tx. Ethics				
	Commission Filings					
	Commission Filings					
	·					
	Sign	nature of Complainant				
	Sign	ature of Corripainant				
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by t	he said	, this the day of				
Sworm to and subscribed before me, by t	(Complainant)	, und the day of				
, 20, to certify which, witness my hand and seal of office.						
, 25, to soldly fillion, fillions my faile and soul of onless.						
		The of off can also in the care and				
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath				

www.ethics.state.tx.us