

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

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 2024, covering calendar year ending December 31, 2023.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

22

Filer ID

n/a

1 NAME

TITLE; FIRST; MI

Mr. Joshua Z

NICKNAME; LAST; SUFFIX

Wintters

OFFICE USE ONLY

Date Received

FILED FOR RECORD

APR 18 2024

SUSAN STRICKLAND
COUNTY CLERK, VAN ZANDT CO., TX
BY _____ DEP

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

2 ADDRESS

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

P.O. Box 853
Canton, Texas 75103

(Check If Filer's Home Address)

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(903) 714-4475

Date Processed

Date Imaged

4 REASON FOR FILING STATEMENT

- CANDIDATE _____ (INDICATE OFFICE)
- ELECTED OFFICER Judge, Van Zandt 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 None

DEPENDENT CHILD 1. Garrett O. Wintters

2. Allyssa J. Wintters

3. Elliott J. Wintters

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.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) VAN ZANDT COUNTY, TEXAS 121 East Dallas Canton, Texas 75103
	<input type="radio"/> SELF-EMPLOYED NATURE OF OCCUPATION Elected Judge

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)
	<input type="radio"/> SELF-EMPLOYED NATURE OF OCCUPATION

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)
	<input type="radio"/> SELF-EMPLOYED NATURE OF OCCUPATION

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.

1 BUSINESS ENTITY	NAME			
	American Gold & Silver Corporation			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 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		
4 IF SOLD	<input type="checkbox"/> NET GAIN	<input checked="" type="checkbox"/> LESS THAN \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE		
	<input checked="" type="checkbox"/> NET LOSS			
BUSINESS ENTITY	NAME			
	Farmni, Inc.			
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 checked="" type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input checked="" type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE		
	<input checked="" type="checkbox"/> NET LOSS			
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 \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE		
	<input checked="" type="checkbox"/> NET LOSS			
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 \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE		
	<input checked="" type="checkbox"/> NET LOSS			
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 \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE		
	<input checked="" type="checkbox"/> NET LOSS			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

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1 MUTUAL FUND	NAME			
	FUNFX - AMERICAN FUNDAMENTAL INVESTORS CL F3			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
3 NUMBER OF SHARES OF MUTUAL FUND	<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		
4 IF SOLD	<input type="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS			
	<input type="radio"/> LESS THAN \$10,110	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539	<input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME			
	APHKK - ARTISAN INTERNATIONAL VALUE CL 1			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100	<input checked="" 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		
IF SOLD	<input type="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS			
	<input type="radio"/> LESS THAN \$10,110	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539	<input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME			
	BBIEX - BRIDGE BUILDER INTERNATIONAL EQUITY			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<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		
IF SOLD	<input type="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS			
	<input type="radio"/> LESS THAN \$10,110	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539	<input type="radio"/> \$50,540 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

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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			
	BBGLX - BRIDGE BUILDER LARGE GROWTH			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD	<u>ALL</u>
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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539
		<input type="checkbox"/> \$50,540 OR MORE		
MUTUAL FUND	NAME			
	BBVLX - BRIDGE BUILDER LARGE VALUE			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD	<u>ALL</u>
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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539
		<input type="checkbox"/> \$50,540 OR MORE		
MUTUAL FUND	NAME			
	BBGSX - BRIDGE BUILDER SMALL MID GROWTH			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD	<u>ALL</u>
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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539
		<input type="checkbox"/> \$50,540 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

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1 MUTUAL FUND	NAME			
	BBGVSX - BRIDGE BUILDER SMALL MID VALUE			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539
		<input type="radio"/> \$50,540 OR MORE		
MUTUAL FUND	NAME			
	CCWRX - COLUMBIA SELECT LARGE CAP GROWTH CL 13			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539
		<input type="radio"/> \$50,540 OR MORE		
MUTUAL FUND	NAME			
	DFSVX - DFA US SMALL CAP VALUE FUND			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539
		<input type="radio"/> \$50,540 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

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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.

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1 MUTUAL FUND	NAME	JCVWX - JOHN HANCOCK CLASSIC VALUE CL R 6
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
3 NUMBER OF SHARES OF MUTUAL FUND	<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	
4 IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME	OGVXX - JP MORGAN US GOVERNMENT MONEY MARKET FUND CAPITAL CL 1
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100 <input checked="" 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	
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME	MFEKX - MFS SERIES TRUST II GROWTH FUND CL R 6
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<input type="radio"/> LESS THAN 100 <input checked="" 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	
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE

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MUTUAL FUNDS

PART 4

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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.

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1 MUTUAL FUND	NAME	DODGX - DODGE & COX STOCK FUND
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE

MUTUAL FUND	NAME	HVMIX - HOTCHKIS & WILEY MID CAP VALUE FUND CL 1
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" 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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE

MUTUAL FUND	NAME	IGFRX - INVESCO INERNATIONAL GROWTH CLASS R 6
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110 <input type="checkbox"/> \$10,110 - \$20,219 <input type="checkbox"/> \$20,220 - \$50,539 <input type="checkbox"/> \$50,540 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

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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.

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1 MUTUAL FUND	NAME MEIKX - MFS VALUE FUND CLASS R 6			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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="radio"/> NET GAIN	<input type="radio"/> LESS THAN \$10,110		
	<input type="radio"/> NET LOSS	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539	<input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME NBMLX - NEUBERGER & BERMAN MIDCAP GROWTH FUND INSTITUTIONAL CL 1			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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="radio"/> NET GAIN	<input type="radio"/> LESS THAN \$10,110		
	<input type="radio"/> NET LOSS	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539	<input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME OGIX - OPPENHEIMER INTERNATIONAL GROW FUND CL 1 SHARES			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" 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="radio"/> NET GAIN	<input type="radio"/> LESS THAN \$10,110		
	<input type="radio"/> NET LOSS	<input type="radio"/> \$10,110 - \$20,219	<input type="radio"/> \$20,220 - \$50,539	<input type="radio"/> \$50,540 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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			
	PDGIX - T ROWE PRICE DIVIDEND GROWTH CL 1			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539
		<input type="checkbox"/> \$50,540 OR MORE		
MUTUAL FUND	NAME			
	TIDDX - T ROWE PRICE INTERNATIONAL DISCOVERY FUND CL 1			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" 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"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539
		<input type="checkbox"/> \$50,540 OR MORE		
MUTUAL FUND	NAME			
	EDWARD JONES TBD - MUTUAL FUNDS UNDESIGNATED			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>	
NUMBER OF SHARES OF MUTUAL FUND	<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		
IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539
		<input type="checkbox"/> \$50,540 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 VSS - VANGUARD FTSE ALL WORLD EX US
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>
3 NUMBER OF SHARES OF MUTUAL FUND	<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
4 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<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
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<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
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 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 \$1,010* 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.

<p>1 SOURCE OF INCOME</p> <p><input type="checkbox"/> Publicly held corporation</p>	<p style="text-align: right; font-size: small;">NAME AND ADDRESS</p> <p>LUIS AND FATIMA HERNANDEZ 1676 VZCR 2819 EUSTACE, TEXAS 75124</p>
<p>2 RECEIVED BY</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>3 AMOUNT</p>	<p><input checked="" type="radio"/> \$1,010-\$10,109 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE</p>

<p>SOURCE OF INCOME</p> <p><input type="checkbox"/> Publicly held corporation</p>	<p style="text-align: right; font-size: small;">NAME AND ADDRESS</p>
<p>RECEIVED BY</p>	<p><input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>AMOUNT</p>	<p><input type="radio"/> \$1,010-\$10,109 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE</p>

<p>SOURCE OF INCOME</p> <p><input type="checkbox"/> Publicly held corporation</p>	<p style="text-align: right; font-size: small;">NAME AND ADDRESS</p>
<p>RECEIVED BY</p>	<p><input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>AMOUNT</p>	<p><input type="radio"/> \$1,010-\$10,109 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 \$2,020* 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.

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 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CHASE BANK, USA
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	SELF
4 AMOUNT	<input type="radio"/> \$2,020-\$10,109 <input checked="" type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CARVANA, INC.
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	SELF
AMOUNT	<input type="radio"/> \$2,020-\$10,109 <input checked="" type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CAPITAL ONE BANK, N.A
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	SELF
AMOUNT	<input checked="" type="radio"/> \$2,020-\$10,109 <input type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 OR MORE

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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 \$2,020* 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.

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 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BARCLAY'S BANK, USA
² LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
³ GUARANTOR	SELF
⁴ AMOUNT	<input type="radio"/> \$2,020-\$10,109 <input checked="" type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	MOHELA STUDENT LOAN CORP.
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	SELF
AMOUNT	<input type="radio"/> \$2,020-\$10,109 <input type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input checked="" type="radio"/> \$50,540 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	TEXAS BANK AND TRUST
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	SELF
AMOUNT	<input type="radio"/> \$2,020-\$10,109 <input type="radio"/> \$10,110-\$20,219 <input checked="" type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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 \$2,020* 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.

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 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	WELLS FARGO, N.A.
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	SELF
4 AMOUNT	<input checked="" type="radio"/> \$2,020-\$10,109 <input type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	TANKERSLEY REAL ESTATE
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	SELF
AMOUNT	<input checked="" type="radio"/> \$2,020-\$10,109 <input type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	UPLIFT CREDIT SVCS.
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	SELF
AMOUNT	<input checked="" type="radio"/> \$2,020-\$10,109 <input type="radio"/> \$10,110-\$20,219 <input type="radio"/> \$20,220-\$50,539 <input type="radio"/> \$50,540 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 type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	<small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small> 1676 VAN ZANDT COUNTY ROAD 2819 EUSTACE, VAN ZANDT COUNTY, TEXAS
3 DESCRIPTION <input type="radio"/> LOTS <input checked="" type="radio"/> ACRES	<small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small> 2.0 VAN ZANDT COUNTY TEXAS
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	LUIS HERNANDEZ
5 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input 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	<small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small>
DESCRIPTION <input type="radio"/> LOTS <input checked="" type="radio"/> ACRES	<small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small> 1.01 ACRES, PRIVATE ROAD, BEN WHEELER, VAN ZANDT COUNTY, TEXAS
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

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 business entities 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 type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) LAW OFFICES OF JOSHUA WINTTERS
3 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) HARD FOUGHT CONCESSIONS, LLC
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) HFC FARMS
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

TRUST INCOME

PART 9

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 source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$1,010, if the identity of the asset is known. 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 SOURCE	NAME OF TRUST OCIE GLENN WINTTERS TESTAMENTARY TRUST
2 BENEFICIARY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>ALL</u>
3 INCOME	<input checked="" type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
4 ASSETS FROM WHICH OVER \$940 WAS RECEIVED <input type="checkbox"/> UNKNOWN	RENTAL INCOME, SALE OF PERSONAL PROPERTY - VARIOUS

SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
ASSETS FROM WHICH OVER \$940 WAS RECEIVED <input type="checkbox"/> UNKNOWN	

SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE
ASSETS FROM WHICH OVER \$940 WAS RECEIVED <input type="checkbox"/> UNKNOWN	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

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 ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (check if Filer's Home Address)
	LAW OFFICES OF JOSHUA WINTTERS
2 BUSINESS TYPE	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Professional Association <input checked="" type="radio"/> Firm <input type="radio"/> Limited Liability Partnership <input type="radio"/> Joint Venture <input type="radio"/> Partnership <input type="radio"/> Professional Corporation <input type="radio"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (check if Filer's Home Address)
	HARD FOUGHT CONCESSIONS LLC
BUSINESS TYPE	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Professional Association <input type="radio"/> Firm <input type="radio"/> Limited Liability Partnership <input type="radio"/> Joint Venture <input type="radio"/> Partnership <input type="radio"/> Professional Corporation <input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (check if Filer's Home Address)
	HFC FARMS
BUSINESS TYPE	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Professional Association <input checked="" type="radio"/> Firm <input type="radio"/> Limited Liability Partnership <input type="radio"/> Joint Venture <input type="radio"/> Partnership <input type="radio"/> Professional Corporation <input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address)
BUSINESS TYPE	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Professional Association <input type="radio"/> Firm <input type="radio"/> Limited Liability Partnership <input type="radio"/> Joint Venture <input type="radio"/> Partnership <input type="radio"/> Professional Corporation <input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

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.

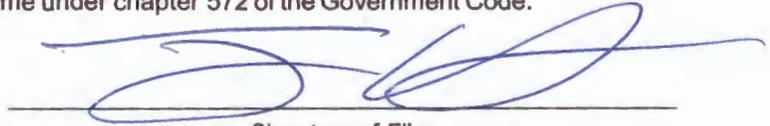
¹ ORGANIZATION	VAN ZANDT COUNTY CRIMINAL JUSTICE TASK FORCE
² POSITION HELD	DIRECTOR
³ POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	VAN ZANDT COUNTY JUVENILE JUSTICE BOARD
POSITION HELD	DIRECTOR
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CANTON TEXAS LIONS CLUB
POSITION HELD	DIRECTOR
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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.

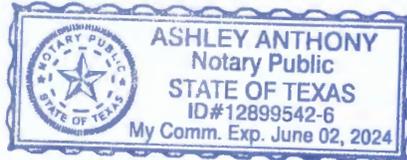
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2023, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joshua Winters this the 10th day of April, 2024, to certify which, witness my hand and seal of office.

Ashley Anthony Ashley Anthony Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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)