

# 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 2026, covering calendar year ending December 31, 2025. Use FORM PFS-INSTRUCTION GUIDE when completing this form.

**1 NAME**  
TITLE; FIRST; MI  
**Joel D**  
-----  
NICKNAME; LAST; SUFFIX  
**Littlefield**

**2 ADDRESS**  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**8005 Old Mill Road  
Greenville, Texas 75402**

**3 TELEPHONE NUMBER**  
AREA CODE      PHONE NUMBER; EXTENSION  
**(903 )      454-1334**

**4 REASON FOR FILING STATEMENT**

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

ELECTED OFFICER **Judge, Hunt County Court at Law 2** \_\_\_\_\_ (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)

TOTAL NUMBER OF PAGES FILED: \_\_\_\_\_

Filer ID \_\_\_\_\_

**OFFICE USE ONLY**

Date Received **RECEIVED AT 3:20 o'clock P M**

**APR 27 2026**

JEANNIE ASH  
Elections Administrator, Hunt County, TX  
By \_\_\_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_



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

SPOUSE **Carolina Littlefield**

DEPENDENT CHILD 1. **Joaquin Littlefield**

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 checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                 |
| <b>2</b> EMPLOYMENT<br><br><input checked="" type="radio"/> EMPLOYED BY ANOTHER | <small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small><br><br>Hunbt County Court at Law, No 2 (Judge)<br>2507 Lee Street<br>Greenville, Texas 75402 |
| <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<br><br><input type="radio"/> EMPLOYED BY ANOTHER                     | <small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small><br><br>Pat's USA, Inc.<br>8005 Old Mill Road<br>Greenville, Texas 75402                      |
| <input checked="" 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<br><br><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**

# 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<br>American New Perspective (ANWPX)            |  |  |  |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER           | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 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"/> LESS THAN \$9,440     |  |  |
|   | <input type="checkbox"/> NET LOSS                   | <input type="checkbox"/> \$9,440 - \$18,889    | <input type="checkbox"/> \$18,890 - \$47,219   | <input type="checkbox"/> \$47,220 OR MORE          |
| MUTUAL FUND                                 | NAME<br>College America 529 New Perspective (CNPAX) |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER           | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND             | <input type="checkbox"/> LESS THAN 100              | <input type="checkbox"/> 100 TO 499            | <input type="checkbox"/> 500 TO 999            | <input checked="" 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 \$9,440     |  |  |
|   | <input type="checkbox"/> NET LOSS                   | <input type="checkbox"/> \$9,440 - \$18,889    | <input type="checkbox"/> \$18,890 - \$47,219   | <input type="checkbox"/> \$47,220 OR MORE          |
| MUTUAL FUND                                 | NAME<br>American Investment Company (AIVSX)         |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER           | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 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"/> LESS THAN \$9,440     |  |  |
|   | <input type="checkbox"/> NET LOSS                   | <input type="checkbox"/> \$9,440 - \$18,889    | <input type="checkbox"/> \$18,890 - \$47,219   | <input type="checkbox"/> \$47,220 OR MORE          |

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# 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<br>American New Perspective (ANWPX)  |  |  |  |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 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 \$9,440     | <input type="checkbox"/> \$9,440 - \$18,889    | <input type="checkbox"/> \$18,890 - \$47,219 |
|   |   | <input type="checkbox"/> \$47,220 OR MORE      |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| MUTUAL FUND                               | NAME<br>American Fundamental Investors (ANCFX) |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER      | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 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 \$9,440     | <input type="checkbox"/> \$9,440 - \$18,889    | <input type="checkbox"/> \$18,890 - \$47,219 |
|   |  | <input type="checkbox"/> \$47,220 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="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 \$9,440 | <input type="checkbox"/> \$9,440 - \$18,889    | <input type="checkbox"/> \$18,890 - \$47,219 |
|   |   | <input type="checkbox"/> \$47,220 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><br><input type="checkbox"/> NOT AVAILABLE   | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>8005 Old Mill Road, Greenville, Texas 75402   |
| <b>3 DESCRIPTION</b><br><input type="radio"/> LOTS<br><input type="radio"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED   |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) |  |
| <b>5 IF SOLD</b><br><input type="radio"/> NET GAIN<br><input type="radio"/> NET LOSS                                  | <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440 - \$18,889 <input type="radio"/> \$18,890 - \$47,219 <input checked="" type="radio"/> \$47,220 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><br><input type="checkbox"/> NOT AVAILABLE   | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE   |
| <b>DESCRIPTION</b><br><input type="radio"/> LOTS<br><input type="radio"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) |   |
| <b>IF SOLD</b><br><input type="radio"/> NET GAIN<br><input type="radio"/> NET LOSS                                  | <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440 - \$18,889 <input type="radio"/> \$18,890 - \$47,219 <input type="radio"/> \$47,220 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.

|   |  |
|---|--|
| <b>1</b><br>HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>2</b><br>DESCRIPTION   | NAME AND ADDRESS<br>Pat's USA, Inc., 8005 Old Mill Road, Greenville, Texas 75402   |
| <b>3</b><br>IF SOLD<br><input type="radio"/> NET GAIN<br><input type="radio"/> NET LOSS | <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440 - \$18,889 <input type="radio"/> \$18,890 - \$47,219 <input checked="" type="radio"/> \$47,220 OR MORE |
| HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| DESCRIPTION   | NAME AND ADDRESS   |
| IF SOLD<br><input type="radio"/> NET GAIN<br><input type="radio"/> NET LOSS             | <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440 - \$18,889 <input type="radio"/> \$18,890 - \$47,219 <input type="radio"/> \$47,220 OR MORE            |
| HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| DESCRIPTION   | NAME AND ADDRESS   |
| IF SOLD<br><input type="radio"/> NET GAIN<br><input type="radio"/> NET LOSS             | <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440 - \$18,889 <input type="radio"/> \$18,890 - \$47,219 <input type="radio"/> \$47,220 OR MORE            |

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.

|                                     |   |   |  |
|-------------------------------------|---|---|--|
| <b>1 BUSINESS ASSOCIATION</b>       | NAME AND ADDRESS  |   |  |
|                                     | Pat's USA, Inc., 8005 Old Mill, Greenville, Texas 75402 |   |  |
| <b>2 BUSINESS TYPE</b>              | <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 _____              |
| <b>3 HELD, ACQUIRED, OR SOLD BY</b> | <input type="checkbox"/> FILER                          | <input checked="" type="checkbox"/> SPOUSE          | <input type="checkbox"/> DEPENDENT CHILD _____ |

|                                   |                                   |   |  |
|-----------------------------------|-----------------------------------|---|--|
| <b>BUSINESS ASSOCIATION</b>       | NAME AND ADDRESS                  |   |  |
|                                   |                                   |   |  |
| <b>BUSINESS TYPE</b>              | <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 _____              |
| <b>HELD, ACQUIRED, OR SOLD BY</b> | <input type="checkbox"/> FILER    | <input type="checkbox"/> SPOUSE                     | <input type="checkbox"/> DEPENDENT CHILD _____ |

|                                   |                                   |   |  |
|-----------------------------------|-----------------------------------|---|--|
| <b>BUSINESS ASSOCIATION</b>       | NAME AND ADDRESS                  |   |  |
|                                   |                                   |   |  |
| <b>BUSINESS TYPE</b>              | <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 _____              |
| <b>HELD, ACQUIRED, OR SOLD BY</b> | <input type="checkbox"/> FILER    | <input type="checkbox"/> SPOUSE                     | <input type="checkbox"/> DEPENDENT CHILD _____ |

|                                   |                                   |   |  |
|-----------------------------------|-----------------------------------|---|--|
| <b>BUSINESS ASSOCIATION</b>       | NAME AND ADDRESS                  |   |  |
|                                   |                                   |   |  |
| <b>BUSINESS TYPE</b>              | <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 _____              |
| <b>HELD, ACQUIRED, OR SOLD BY</b> | <input type="checkbox"/> FILER    | <input type="checkbox"/> SPOUSE                     | <input type="checkbox"/> DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# ASSETS OF BUSINESS ASSOCIATIONS

**PART 11B**

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 assets of 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 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. 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.

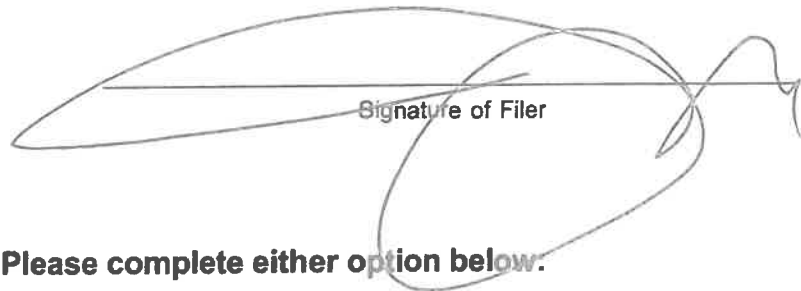
|                                     |  |   |
|-------------------------------------|--|---|
| <b>1</b> BUSINESS ASSOCIATION       | NAME AND ADDRESS<br>Pat's USA, Inc, 8005 Old Mill Road, Greenville, Texas 75402  |   |
| <b>2</b> BUSINESS TYPE              | Inc.   |   |
| <b>3</b> HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |   |
| <b>4</b> ASSETS                     | DESCRIPTION<br>220 East 65th Street, Apt. 7B<br>New York, New York   | CATEGORY<br><input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440-\$18,889<br><input type="radio"/> \$18,890-\$47,219 <input checked="" type="radio"/> \$47,220 OR MORE<br><hr/> <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440-\$18,889<br><input type="radio"/> \$18,890-\$47,219 <input type="radio"/> \$47,220 OR MORE<br><hr/> <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440-\$18,889<br><input type="radio"/> \$18,890-\$47,219 <input type="radio"/> \$47,220 OR MORE<br><hr/> <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440-\$18,889<br><input type="radio"/> \$18,890-\$47,219 <input type="radio"/> \$47,220 OR MORE<br><hr/> <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440-\$18,889<br><input type="radio"/> \$18,890-\$47,219 <input type="radio"/> \$47,220 OR MORE<br><hr/> <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440-\$18,889<br><input type="radio"/> \$18,890-\$47,219 <input type="radio"/> \$47,220 OR MORE<br><hr/> <input type="radio"/> LESS THAN \$9,440 <input type="radio"/> \$9,440-\$18,889<br><input type="radio"/> \$18,890-\$47,219 <input type="radio"/> \$47,220 OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

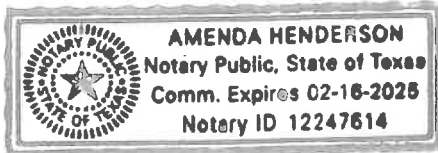
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer 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, 2022, 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 Joel D. Littlefield this the 25<sup>th</sup> day of April, 2024, to certify which, witness my hand and seal of office.

 Amenda Henderson 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)

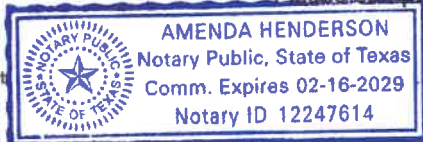
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, 2025, 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 Joel D. Littlefield this the 27<sup>th</sup> day of April, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature]  
Printed name of officer administering oath: Amenda Henderson  
Title of officer administering oath: Notary Public

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)