

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 2025, covering calendar year ending December 31, 2024. Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

10

Filer ID

OFFICE USE ONLY

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JEANNIE ASH
Elections Administrator, Hunt County, TX
By: JK

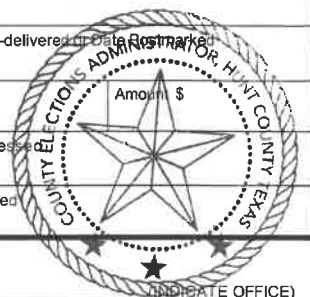
Date Hand-delivered or Date Registered

Receipt #

Amount \$

Date Processed

Date Imaged



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



ELECTED OFFICER

Judge, Hunt 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 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.

1 INFORMATION RELATES TO	<input checked="checked" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="checked" type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Hunbt County Court at Law, No 2 (Judge) 2507 Lee Street Greenville, Texas 75402
<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 Pat's USA, Inc. 8005 Old Mill Road Greenville, Texas 75402
<input checked="checked" 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="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION
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 AMerican New Prespective (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="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
4 IF SOLD <input type="radio"/> NET GAIN <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

MUTUAL FUND	NAME 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="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input checked="" 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 \$9,440 <input type="radio"/> \$9,440 - \$18,889 <input type="radio"/> \$18,890 - \$47,219 <input type="radio"/> \$47,220 OR MORE

MUTUAL FUND	NAME 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="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 \$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

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 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="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
4 IF SOLD <input type="radio"/> NET GAIN <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

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

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS Pat's USA, Inc., 8005 Old Mill Road, Greenville, Texas 75402
3 IF SOLD <input type="radio"/> NET GAIN <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 <input type="radio"/> NET GAIN <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 <input type="radio"/> NET GAIN <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.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS Pat's USA, Inc., 8005 Old Mill, Greenville, Texas 75402		
2 BUSINESS TYPE	<input checked="" type="radio"/> Corporation <input type="radio"/> Firm <input type="radio"/> Partnership	<input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Partnership <input type="radio"/> Professional Corporation	<input type="radio"/> Professional Association <input type="radio"/> Joint Venture <input type="radio"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	<input type="radio"/> Corporation <input type="radio"/> Firm <input type="radio"/> Partnership	<input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Partnership <input type="radio"/> Professional Corporation	<input type="radio"/> Professional Association <input type="radio"/> Joint Venture <input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	<input type="radio"/> Corporation <input type="radio"/> Firm <input type="radio"/> Partnership	<input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Partnership <input type="radio"/> Professional Corporation	<input type="radio"/> Professional Association <input type="radio"/> Joint Venture <input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	<input type="radio"/> Corporation <input type="radio"/> Firm <input type="radio"/> Partnership	<input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Partnership <input type="radio"/> Professional Corporation	<input type="radio"/> Professional Association <input type="radio"/> Joint Venture <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

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.

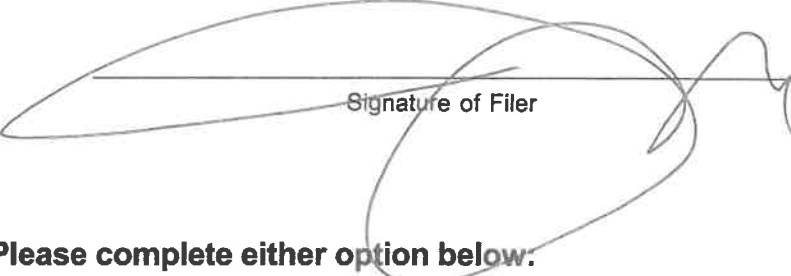
1 BUSINESS ASSOCIATION	NAME AND ADDRESS Pat's USA, Inc, 8005 Old Mill Road, Greenville, Texas 75402																			
2 BUSINESS TYPE	Inc.																			
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																			
4 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 737 987 779">DESCRIPTION</th> <th data-bbox="987 737 1521 779">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 779 987 905">220 East 65th Street, Apt. 7B New York, New York</td> <td data-bbox="987 779 1521 905"> <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 </td> </tr> <tr> <td data-bbox="435 905 987 1041"> </td> <td data-bbox="987 905 1521 1041"> <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 </td> </tr> <tr> <td data-bbox="435 1041 987 1178"> </td> <td data-bbox="987 1041 1521 1178"> <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 </td> </tr> <tr> <td data-bbox="435 1178 987 1314"> </td> <td data-bbox="987 1178 1521 1314"> <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 </td> </tr> <tr> <td data-bbox="435 1314 987 1451"> </td> <td data-bbox="987 1314 1521 1451"> <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 </td> </tr> <tr> <td data-bbox="435 1451 987 1587"> </td> <td data-bbox="987 1451 1521 1587"> <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 </td> </tr> <tr> <td data-bbox="435 1587 987 1724"> </td> <td data-bbox="987 1587 1521 1724"> <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 </td> </tr> <tr> <td data-bbox="435 1724 987 1860"> </td> <td data-bbox="987 1724 1521 1860"> <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 </td> </tr> </tbody> </table>		DESCRIPTION	CATEGORY	220 East 65th Street, Apt. 7B New York, New York	<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		<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		<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		<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		<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		<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		<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		<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
DESCRIPTION	CATEGORY																			
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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

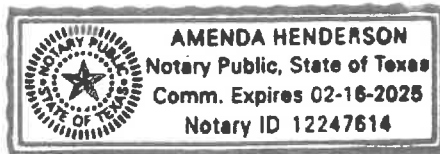
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer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


Signature of officer administering oath

Amenda Henderson
Printed name of officer administering oath

Notary Public
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

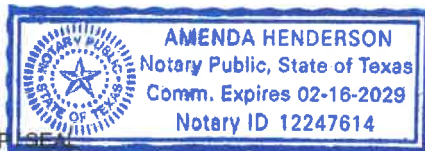
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer 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, 2024, 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 Littlefield this the 29th day of April, 2025, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Amenda Henderson
Printed name of officer administering oath

Notary Public
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)