

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

TOTAL NUMBER OF PAGES FILED: 15

Filer ID: N/A

1 NAME

TITLE: FIRST; MI  
LUKE A.  
-----  
NICKNAME: LAST; SUFFIX  
GIESECKE

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
**APR 23 2024**  
**BOSQUE CO. ELECTIONS**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
-----------	-----------

Date Processed

Date Imaged

2 ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
[REDACTED]

3 TELEPHONE NUMBER

[REDACTED] TENSION

4 REASON FOR FILING STATEMENT

- CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ELECTED OFFICER **JUDGE, BOSQUE 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 MEGHANN M. GIESECKE

DEPENDENT CHILD 1. \_\_\_\_\_

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.

<sup>1</sup> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>2</sup> EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  BOSQUE COUNTY 101 S. MAIN MERIDIAN, TX 76665
<input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION  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="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**

# 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 AMAZON.COM, INC.			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<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 checked="" type="radio"/> NET GAIN	<input type="radio"/> NET LOSS		
	<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
BUSINESS ENTITY	NAME FORD MTR CO			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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 checked="" type="radio"/> NET GAIN	<input type="radio"/> NET LOSS		
	<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
BUSINESS ENTITY	NAME APPLE INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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		
IF SOLD	<input checked="" type="radio"/> NET GAIN	<input type="radio"/> NET LOSS		
	<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
BUSINESS ENTITY	NAME TESLA INC.			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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		
IF SOLD	<input type="radio"/> NET GAIN	<input checked="" type="radio"/> NET LOSS		
	<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
BUSINESS ENTITY	NAME CENEX SAB de CV ADR			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<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		
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

# STOCK

# PART 2

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<b>1 BUSINESS ENTITY</b>	NAME GENWORTH FINANCIAL INC			
<b>2 STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES</b>	<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		
<b>4 IF SOLD</b>	<input type="radio"/> NET GAIN	<input type="radio"/> LESS THAN \$10,110		
	<input checked="" 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
<b>BUSINESS ENTITY</b>	NAME Sofi Technologies			
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input checked="" type="radio"/> NET GAIN	<input checked="" 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
<b>BUSINESS ENTITY</b>	NAME Appharvest, Inc.			
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input type="radio"/> NET GAIN	<input checked="" type="radio"/> LESS THAN \$10,110		
	<input checked="" 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
<b>BUSINESS ENTITY</b>	NAME Nervgen Pharma			
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input type="radio"/> NET GAIN	<input checked="" type="radio"/> LESS THAN \$10,110		
	<input checked="" 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
<b>BUSINESS ENTITY</b>	NAME Immunic			
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input type="radio"/> NET GAIN	<input checked="" type="radio"/> LESS THAN \$10,110		
	<input checked="" 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

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<b>1 BUSINESS ENTITY</b>	NAME			
	Reneo Pharmaceuticals Inc.			
<b>2 STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES</b>	<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		
<b>4 IF SOLD</b>	<input checked="" type="radio"/> NET GAIN			
	<input type="radio"/> NET LOSS	<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		
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<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		
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<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		
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<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		
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<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

# 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	FIRST SECURITY STATE BANK
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	N/A
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	CURTIS JORGENSEN & ANGELA KWIATKOWSKI
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	N/A
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
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	FEDLOAN SERVICING
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	N/A
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

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# PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

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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.

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GRANDVIEW BANK
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	N/A
4 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	EDUCATIONAL EMPLOYEES CREDIT UNION
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	N/A
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	CAPTIAL ONE AUTO FINANCE
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	N/A
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

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# PERSONAL NOTES AND LEASE AGREEMENTS

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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.

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<sup>1</sup> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	TRUIST FINANCIAL
<sup>2</sup> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>3</sup> GUARANTOR	N/A
<sup>4</sup> 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
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	LIGHTSTREAM
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	N/A
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
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	MEDALLION BANK
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	N/A
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

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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.

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	LIGHTSTREAM
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	N/A
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	FIRST SECURITY STATE BANK
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	N/A
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	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input 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

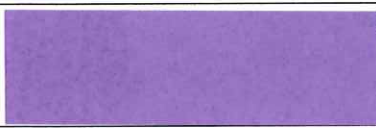
# INTERESTS IN REAL PROPERTY

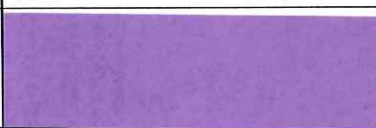
PART 7A

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 checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	 _____, INCLUDING CITY, COUNTY, AND STATE
3 DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 LOT BOSQUE COUNTY
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" 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 \$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 checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	 _____, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 LOT BOSQUE COUNTY
NAMES OF PERSONS RETAINING AN INTEREST <input checked="" 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 REAL PROPERTY

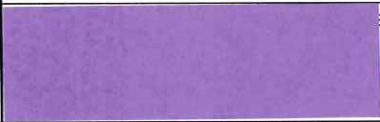
PART 7A

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	 S, INCLUDING CITY, COUNTY, AND STATE
3 DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 LOT BOSQUE COUNTY
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" 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 \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input checked="" type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	 S, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 LOT BOSQUE COUNTY
NAMES OF PERSONS RETAINING AN INTEREST <input checked="" 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 checked="" 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.

<p><sup>1</sup> HELD OR ACQUIRED BY</p>	<p><input type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p><sup>2</sup> DESCRIPTION</p>	<p>NAME AND ADDRESS</p> <p>HISTORICAL HOME REHAB, LLC</p> <p>[REDACTED]</p>
<p><sup>3</sup> IF SOLD</p> <p><input type="radio"/> NET GAIN</p> <p><input type="radio"/> NET LOSS</p>	<p><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</p>
<p>HELD OR ACQUIRED BY</p>	<p><input type="checkbox"/> FILER      <input type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>DESCRIPTION</p>	<p>NAME AND ADDRESS</p>
<p>IF SOLD</p> <p><input type="radio"/> NET GAIN</p> <p><input type="radio"/> NET LOSS</p>	<p><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</p>
<p>HELD OR ACQUIRED BY</p>	<p><input type="checkbox"/> FILER      <input type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>DESCRIPTION</p>	<p>NAME AND ADDRESS</p>
<p>IF SOLD</p> <p><input type="radio"/> NET GAIN</p> <p><input type="radio"/> NET LOSS</p>	<p><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</p>

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.

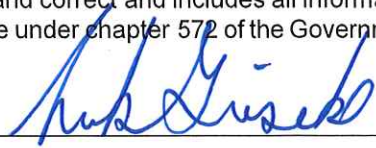
<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS		
	HISTORICAL HOME REHAB, LLC <div style="background-color: purple; height: 15px; width: 200px;"></div>		
<b>2 BUSINESS TYPE</b>	<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<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 checked="" type="radio"/> Other <u>Limited Liability Corporation</u>
<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**

# 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.

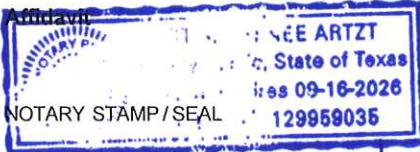
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2023, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



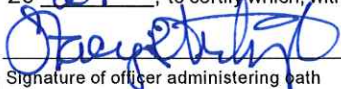
Signature of Filer

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Luke Giessecke this the 23rd day of April, 2024, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Stacy Renee Artzt  
Printed name of officer administering oath

Notary  
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)