

# 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 2023, covering calendar year ending December 31, 2022. Use FORM PFS--INSTRUCTION GUIDE when completing this form.	TOTAL NUMBER OF PAGES FILED:
	Filer ID

<b>1 NAME</b>	TITLE; FIRST; MI <i>Ms. Carol A.</i>	<b>OFFICE USE ONLY</b>	
	NICKNAME; LAST; SUFFIX <i>Chaney</i>		
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 966 Hempstead, Texas 77445</i>		
<b>3 TELEPHONE NUMBER</b>	AREA CODE      PHONE NUMBER; EXTENSION <i>(713) 305-1312</i>		
		Date Received	Waller Co. Elections APR 21 2023 RECEIVED
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount \$
		Date Processed	
		Date Imaged	

<b>4 REASON FOR FILING STATEMENT</b>	<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input checked="" type="checkbox"/> ELECTED OFFICER <i>Judge of the County Court At Law of Waller County</i> (INDICATE OFFICE)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

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

SPOUSE *J. Richard Stoker*

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.

1 INFORMATION RELATES TO		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT	<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Waller County 836 Austin St. Hempstead, Tx. 77445		
	<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Judge of the County Court At Law		
INFORMATION RELATES TO		<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT	<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD POWER Engineers, Inc. 3940 Glenbrook Dr. P.O. Box 1066 Hailey, Idaho 83333		
	<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Vice President, Environmental Services		
INFORMATION RELATES TO		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT	<input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
	<input type="checkbox"/> 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	POWER Engineers <small>NAME</small>			
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<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		
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

BUSINESS ENTITY	Apple (APPL) <small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input checked="" 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 checked="" type="checkbox"/> \$47,220 OR MORE

BUSINESS ENTITY	American Electric Power (AEP) <small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
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

BUSINESS ENTITY	Duke Energy, Inc. (ENB) <small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> 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

BUSINESS ENTITY	Alphabet Inc. Cap Stk. CL C <small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# STOCK

# PART 2

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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	Alphabet Inc. Cap Stk. <small>NAME</small> CL A			
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
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

BUSINESS ENTITY	Waste Management (WM) <small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> 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

BUSINESS ENTITY	AECOM <small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> 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

BUSINESS ENTITY	HUBSPOT <small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> 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

BUSINESS ENTITY	<small>NAME</small>			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$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

**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 <b>Fidelity Government (FDRXX)</b>			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 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 checked="" 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 <b>Fidelity Fund (FFIDX)</b>			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" 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 <b>Vanguard 500 Index Admiral (VFIAX)</b>			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> 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

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received *in excess of \$940* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS—INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
	University Title Company 3000 Aerial Center Pkwy., Ste. 115 Morrisville, NC 27560
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input type="checkbox"/> \$940--\$9,439 <input type="checkbox"/> \$9,440 - \$18,889 <input checked="" type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
	Hegemeyer Realty & Associates P.O. Box 932 Hempstead, TX 77445
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input checked="" type="checkbox"/> \$940--\$9,439 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
	Pete Mikalajewski 24110 Jingles Rd. Hempstead, TX 77445
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input checked="" type="checkbox"/> \$940--\$9,439 <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**

# 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 \$1,890* 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	Powers Bryant Ltd.
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	<input type="checkbox"/> \$1,890--\$9,439 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input checked="" type="checkbox"/> \$47,220 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="checkbox"/> \$1,890--\$9,439 <input type="checkbox"/> \$9,440--\$18,889 <input type="checkbox"/> \$18,890--\$47,219 <input type="checkbox"/> \$47,220 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="checkbox"/> \$1,890--\$9,439 <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> <input type="checkbox"/> NOT AVAILABLE	<small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small> 26179 Texas Highway G, Hempstead, Tx. 77445 Waller County, Texas
<b>3 DESCRIPTION</b> <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	<small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small> ≈ 78 acres, Waller County, Texas
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>5 IF SOLD</b> <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

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	<small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small> 21 Ridgetop Circle, Santa Fe, NM 87506 Santa Fe County, NM
<b>DESCRIPTION</b> <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	<small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small> 1.94 acres, Santa Fe County, NM
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>IF SOLD</b> <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

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# INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 820 13 <sup>th</sup> Street, Hempstead, Tx. 77445 Waller County, Tx
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 Lot, Waller County, Tx.
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 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

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="checkbox"/> LOTS <input type="checkbox"/> 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="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 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> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION	NAME AND ADDRESS Powers Bryant Ltd. P.O. Box 985 Hempstead, Tx. 77445
<b>3</b> 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
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS Carol A. Chaney 2012 Trust P.O. Box 966 Hempstead, Tx. 77445
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
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="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**

# TRUST INCOME

# PART 9

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$940*, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE	NAME OF TRUST
	Carol A. Chaney 2012 Trust
<b>2</b> BENEFICIARY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> INCOME	<input checked="" 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
<b>4</b> ASSETS FROM WHICH OVER \$940 WAS RECEIVED	
	<input type="checkbox"/> UNKNOWN

SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="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
ASSETS FROM WHICH OVER \$940 WAS RECEIVED	
	<input type="checkbox"/> UNKNOWN

SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="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
ASSETS FROM WHICH OVER \$940 WAS RECEIVED	
	<input type="checkbox"/> UNKNOWN

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BOARDS AND EXECUTIVE POSITIONS

# PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	Waller County Juvenile Board		
2 POSITION HELD	Chairperson		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Waller County Bail Bond Board		
POSITION HELD	Member		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT SIGNATURE PAGE

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; it must be verified by either being signed in front of a notary or the filer must also fill out the unsworn declaration. 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.

*Carol A. Chaney*

Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carol A. Chaney this the 21<sup>st</sup> day of April, 2023, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

SHEILA J. STEPHENSON  
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 Filer (Declarant)