

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED: **10**

Filer ID

1 NAME

TITLE; FIRST; MI

Mr. Bennett R

NICKNAME; LAST; SUFFIX

Dodson

2 ADDRESS

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

PO Box 124
Hempstead, TX 77445

(Check If Filer's Home Address)

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(979) 921-2719

4 REASON FOR FILING STATEMENT

- CANDIDATE County Court at Law No. 1 (INDICATE OFFICE)
- ELECTED OFFICER _____ (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 Victoria Myers

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="radio"/> EMPLOYED BY ANOTHER	<div style="text-align: right; font-size: small;">NAME AND ADDRESS OF EMPLOYER / POSITION HELD</div> <div style="text-align: center; font-size: x-small;"> <input type="checkbox"/> (Check If Filer's Home Address) </div> <p>Waller County Criminal District Attorney's Office 645 12th St, Hempstead, TX 77445</p> <p>Assistant Criminal District Attorney</p>
<input type="radio"/> SELF-EMPLOYED	<div style="text-align: right; font-size: small;">NATURE OF OCCUPATION</div> <p>Attorney</p>

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER	<div style="text-align: right; font-size: small;">NAME AND ADDRESS OF EMPLOYER / POSITION HELD</div> <div style="text-align: center; font-size: x-small;"> <input type="checkbox"/> (Check If Filer's Home Address) </div> <p>Amazon 410 Terry Ave N, Seattle, WA 98109</p> <p>Senior IAM Engineer</p>
<input type="radio"/> SELF-EMPLOYED	<div style="text-align: right; font-size: small;">NATURE OF OCCUPATION</div> <p>Software Engineer</p>

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	<div style="text-align: right; font-size: small;">NAME AND ADDRESS OF EMPLOYER / POSITION HELD</div> <div style="text-align: center; font-size: x-small;"> <input type="checkbox"/> (Check If Filer's Home Address) </div>
<input type="radio"/> SELF-EMPLOYED	<div style="text-align: right; font-size: small;">NATURE OF OCCUPATION</div>

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 Blackberry		
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES	<input checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999
	<input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 10,000 OR MORE	
4 IF SOLD	<input type="radio"/> NET GAIN	<input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME Amazon		
STOCK HELD OR ACQUIRED BY	<input 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 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 \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME INVS NSDQ100 ETF (QQQM)		
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="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 \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME ISHAR COR SP ETF (IUSV)		
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<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 \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME ISHR COR S P ETF (IUSG)		
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="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 \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK

PART 2

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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		
	ISHR CR S&P TTL (ITOT)		
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="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 \$11,120	<input type="radio"/> \$11,120 - \$22,239	<input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME		
	SCHW INTL EQTY (SCHF)		
STOCK HELD OR ACQUIRED BY	<input 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 type="radio"/> NET GAIN	<input type="radio"/> NET LOSS	
	<input type="radio"/> LESS THAN \$11,120	<input type="radio"/> \$11,120 - \$22,239	<input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME		
	VNG MID CAP INDX (VO)		
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="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 \$11,120	<input type="radio"/> \$11,120 - \$22,239	<input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME		
	VNG S&P 500 (VOO)		
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="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 \$11,120	<input type="radio"/> \$11,120 - \$22,239	<input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE
BUSINESS ENTITY	NAME		
	VNG SML CAP IDX (VB)		
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="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 \$11,120	<input type="radio"/> \$11,120 - \$22,239	<input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

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 bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, 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 DESCRIPTION OF INSTRUMENT	Vanguard Institutional Total Bond Market Index Trust
2 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

DESCRIPTION OF INSTRUMENT	Vanguard Retirement Savings Trust II
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

DESCRIPTION OF INSTRUMENT	PIMCO Total Return Collective Trust Class N
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

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

List each source of income you, your spouse, or a dependent child received *in excess of \$1,110* 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.

1 SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div> Peak Resorts Management, LLC dba Breckenridge Grand Vacations PO Box 6879 Breckenridge, CO 80424
2 RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input checked="" type="radio"/> \$1,110-\$11,119 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div>
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="radio"/> \$1,110-\$11,119 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	<div style="text-align: right; font-size: small;">NAME AND ADDRESS</div>
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="radio"/> \$1,110-\$11,119 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

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

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

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

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2119 1st St Hempstead, Waller County, Texas 77445
3 DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 lot located in Waller County
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Freedom Mortgage Corporation
5 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1627 Ski Hill Rd, Breckenridge, Summit County, CO 80424
DESCRIPTION <input type="radio"/> LOTS <input checked="" type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 2.46 acres located in Summit County
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Grand Colorado on Peak 8 Owners Association, Inc. and Peak 8 Properties, LLC
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$11,120 <input type="radio"/> \$11,120 - \$22,239 <input type="radio"/> \$22,240 - \$55,609 <input type="radio"/> \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bennett Dodson, and my date of birth is 05/23/94
My address is 2119 1st St, Hempstead, TX, 77445 USA
(street) (city) (state) (zip code) (country)
Executed in Waller County, State of Texas, on the 12th day of February, 2026
(month) (year)



Signature of Registrant (Declarant)