PERSONAL FINANCIAL STATEMENT

FORM PFS
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.

PAGE # 13

ACCOUNT # 00090294

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 02/12/2026

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI: Mr. Christopher R.

NICKNAME; LAST; SUFFIX: Jimenez

2 ADDRESS

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

po box 31

coupland, TX 78615

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

[redacted]

4 REASON FOR FILIING STATEMENT

- ☒ CANDIDATE House of Representatives (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 Katy Jimenez

DEPENDENT CHILD
1. [redacted]
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

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 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 INFORMATION RELATES TO	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD ____	
3 EMPLOYMENT [ ] EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD [X] (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [redacted] [redacted] POSITION HELD	
[X] SELF-EMPLOYED	NATURE OF OCCUPATION Business Owner	

INFORMATION RELATES TO	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD ____	
EMPLOYMENT [ ] EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD [ ] (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [redacted] [redacted] POSITION HELD	
[X] SELF-EMPLOYED	NATURE OF OCCUPATION Recruiter	

SOURCES OF OCCUPATIONAL INCOME

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1 FILER INFORMATION

FILER NAME: Jimenez, Christopher R. (Mr.)

FILER ID: 00090294

2 INFORMATION RELATES TO

☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD ____

3 EMPLOYMENT

☒ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

EMPLOYER

Advanced TelePsych

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

609 W Johnson

Cheshire, CT 06410

POSITION HELD

Senior Director of Operations and Marketing

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ____

EMPLOYMENT

☒ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

EMPLOYER

VA

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

950 campbell ave

West Haven, CT 06516

POSITION HELD

Purchasing Agent

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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1 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1	
3 EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) EMPLOYER Yegua Creek Farms ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4800 county road 467 elgin, TX 78621 POSITION HELD Kitchen Staff	
☐ SELF-EMPLOYED	NATURE OF OCCUPATION	

INFORMATION RELATES TO	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD	
EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) EMPLOYER Windmill Wellness Ranch ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 26229 N Cranes Mill Rd. Canyon Lake, TX 78133 POSITION HELD Recruiting Manager	
☐ SELF-EMPLOYED	NATURE OF OCCUPATION	

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 $2,220 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 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Niswander, Maynard	
3 LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____	
4 GUARANTOR	Jimenez, Chris	
5 AMOUNT	At least $55,610 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Dept. of Education (student loan)
LIABILITY OF	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	Jimenez, katy
AMOUNT	At least $22,240 but less than $55,610

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 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____	
3 STREET ADDRESS [ ] NOT AVAILABLE [X] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted] [redacted]	
4 DESCRIPTION [ ] LOTS [X] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.50000 acres Williamson	
5 NAMES OF PERSONS RETAINING AN INTEREST [ ] NOT APPLICABLE (SEVERED MINERAL INTEREST)	Niswander, Maynard	
6 IF SOLD [ ] NET GAIN [ ] NET LOSS		

INTEREST 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 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____	
3 DESCRIPTION	NAME AND ADDRESS [X] (Check if Filer's Home Address) Rock Bottom Ranch [redacted] [redacted]	
4 IF SOLD [ ] NET GAIN [ ] NET LOSS		

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 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 BUSINESS ASSOCIATION	NAME AND ADDRESS [X] (Check If Filer's Home Address) Rock Bottom Ranch [redacted] [redacted]	
3 BUSINESS TYPE	[X] Corporation [ ] Firm [ ] Partnership	[ ] Limited Partnership [ ] Limited Liability Partnership [ ] Professional Corporation
		[ ] Profesional Association [ ] Joint Venture [ ] Other _____
4 HELD, ACQUIRED, OR SOLD BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____	

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 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 BUSINESS ASSOCIATION	NAME AND ADDRESS [X] (Check If Filer's Home Address) Rock Bottom Ranch [redacted] [redacted]	
3 BUSINESS TYPE	Corporation	
4 HELD, ACQUIRED, OR SOLD BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____	

5 ASSETS

DESCRIPTION	CATEGORY
maintenance equipment	Less than $11,120

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

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 liabilities 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 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 BUSINESS ASSOCIATION	NAME AND ADDRESS [X] (Check If Filer's Home Address) Rock Bottom Ranch [redacted] [redacted]	
3 BUSINESS TYPE	Corporation	
4 HELD, ACQUIRED, OR SOLD BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____	

5 LIABILITIES

DESCRIPTION	CATEGORY
Formation costs	Less than $11,120

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.

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1 FILER INFORMATION	FILER NAME Jimenez, Christopher R. (Mr.)	FILER ID 00090294
2 ORGANIZATION	Elgin Farmers Market	
3 POSITION HELD	Board Member	
4 POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

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
- [X] N/A Part 1B - Retainers
- [X] N/A Part 2 - Stock
- [X] N/A Part 3 - Bonds, Notes & Other Commercial Paper
- [X] N/A Part 4 - Mutual Funds
- [X] 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
- [X] N/A Part 8 - Gifts
- [X] N/A Part 9 - Trust Income
- [X] N/A Part 10A - Blind Trusts
- [X] N/A Part 10B - Trustee Statement
- [ ] N/A Part 11A - 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
- [X] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [X] N/A Part 14 - Interest in Business in Common with Lobbyist
- [X] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [X] N/A Part 16 - Representation by Legislator Before State Agency
- [X] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [X] N/A Part 18 - Legislative Continuances
- [X] N/A Part 19 - Contracts with Governmental Entity
- [X] N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as wells as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

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.

Mr. Christopher R. Jimenez

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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