

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2022, covering calendar year ending December 31, 2021.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
62

ACCOUNT #
00090869

1 NAME	TITLE; FIRST; MI Kirk	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/29/2022	
	NICKNAME; LAST; SUFFIX Watson		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP PO Box 300903 Austin, TX 78703	Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 542-9744	Date Imaged	

4 REASON FOR FILING STATEMENT	<input checked="" type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input type="checkbox"/> ELECTED OFFICER _____ (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

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

SPOUSE Elizabeth McDaniel Watson

DEPENDENT CHILD 1. _____

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 Watson, Kirk	FILER ID 00090869
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
	<input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2000 K Street NW 12th Floor Washington, DC 20006 POSITION HELD	
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Managing Trustee, Federal-Mogul Asbestos Personal Injury Trust	

INFORMATION RELATES TO	<input checked="" 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"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3120 Fairview Park Dr. #200 Falls Church, VA 22042 POSITION HELD	
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Trustee, MLC Asbestos Personal Injury Trust	

SOURCES OF OCCUPATIONAL INCOME

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1132 Main St., Ste. 4 Peekskill, NY 10566 POSITION HELD	
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Trustee, Manville Personal Injury Settlement Trust	

INFORMATION RELATES TO	<input checked="" 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"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 551 Elgin, TX 78621 POSITION HELD	
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Board Member, Frontier Bank of Texas	

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SOURCES OF OCCUPATIONAL INCOME

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1 FILER INFORMATION		FILER NAME Watson, Kirk	FILER ID 00090869	
2 INFORMATION RELATES TO		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER		NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3120 Fairview Park Dr. #200 Falls Church, VA 22042-4570 POSITION HELD		
<input checked="" type="checkbox"/> SELF-EMPLOYED		NATURE OF OCCUPATION Board Member, Claims Resolution Management Corp.		

INFORMATION RELATES TO		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER		NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER University of Houston ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4800 Calhoun Rd. Houston, TX 77204 POSITION HELD Founding Dean, Hobby School of Public Affairs		
<input type="checkbox"/> SELF-EMPLOYED		NATURE OF OCCUPATION		

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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1 FILER INFORMATION	FILER NAME Watson, Kirk FILER ID 00090869
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3120 Fairview Park Dr. #200 Falls Church, VA 22042 POSITION HELD <hr/> NATURE OF OCCUPATION Trustee, Burns & Roe Asbestos Personal Injury Trust
<input checked="" type="checkbox"/> SELF-EMPLOYED	

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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 BUSINESS ENTITY	NAME FRONTIER COMMUNITY BANKSHARES INC. (OWNED BY KIRK AND LIZ WATSON)	
3 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME FRONTIER COMMUNITY BANKSHARES INC. (OWNED BY KIRK P. WATSON)	
STOCK HELD OR ACQUIRED BY	<input checked="" 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"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME AQR LARGE CAP DEFENSIVE STYLE FUND CL I N/L - AUEIX (Owned by The KEPC Trust)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME CHAMPLAIN MID CAP FUND INSTL CL N/L - CIPIX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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"/> NET LOSS	

MUTUAL FUND	NAME AMER FUNDS AMER MUTUAL FUND CL F2 N/L - AMRFX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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 checked="" 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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME BAIRD AGGREGATE BOND FUND INSTL CL N/L - BAGIX (Owned by The KEPC Trust)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME DODGE & COX INCOME FUND N/L - DODIX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS Less than \$9,320	

MUTUAL FUND	NAME JOHN HANCOCK INTL GROWTH FUND CL I N/L - GOGIX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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 checked="" 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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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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.

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME JPMORGAN SMALL CAP EQUITY FUND CL I N/L - VSEIX (Owned by The KEPC Trust)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME MFS RESEARCH FUND CL I N/L - MRFIX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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"/> NET LOSS	

MUTUAL FUND	NAME PIMCO LOW DURATION FUND CL I2 N/L - PLDPX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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"/> NET LOSS	

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MUTUAL FUNDS

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME TRANSAMERICA HIGH YIELD BOND FUND CL I N/L - TDHIX (Owned by The KEPC Trust)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME PGIM ABSOLUTE RETURN BOND FUND CL Z N/L - PADZX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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 checked="" type="checkbox"/> NET LOSS	
	Less than \$9,320	

MUTUAL FUND	NAME CLEARBRIDGE DIVIDEND STRATEGY FUND CL I N/L - SOPYX (Owned by The KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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 checked="" 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"/> NET LOSS	
	Less than \$9,320	

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MUTUAL FUNDS

PART 4

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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.

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME ACAP STRATEGIC FUND CLASS A M/F - XCAPX (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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 checked="" type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME AMER FUNDS AMER MUTUAL FUND CL F2 N/L - AMRFX (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
	At least \$18,630 but less than \$46,580	

MUTUAL FUND	NAME BAIRD AGGREGATE BOND FUND INSTL CL N/L - BAGIX (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" 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"/> NET LOSS	
	Less than \$9,320	

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MUTUAL FUNDS

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME CHAMPLAIN MID CAP FUND INSTL CL N/L - CIPIX (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$18,630 but less than \$46,580

MUTUAL FUND	NAME DODGE & COX INCOME FUND CL I N/L - DODIX (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME ISHARES TR BROAD USD HIGH - USHY (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

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MUTUAL FUNDS

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME ISHARES TR CORE 1 5 YR USD - ISTB (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME ISHARES TR CORE MSCI EAFE - IEFA (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

MUTUAL FUND	NAME ISHARES TR CORE S&P MCP ETF - IJH (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
	Less than \$9,320	

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME ISHARES TR CORE S&P SCP ETF - IJR (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME ISHARES TR CORE US AGGBD ET - AGG (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

MUTUAL FUND	NAME ISHARES TR JPMORGAN USD EMG - EMB (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME ISHARES TR MSCI USA MIN VOL - USMV (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME ISHARES TR MSCI USA SMCP MN - SMMV (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" 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"/> NET LOSS	

MUTUAL FUND	NAME JOHN HANCOCK INTL GROWTH FUND CL I N/L - GOGIX (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS At least \$9,320 but less than \$18,630	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME JPMORGAN SMALL CAP EQUITY FUND CL I N/L - VSEIX (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" 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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$9,320 but less than \$18,630

MUTUAL FUND	NAME LOOMIS SAYLES GROWTH FUND CL Y N/L - NATIXIS ADVISOR - NATIXIS ADVISOR	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$46,580 or more

MUTUAL FUND	NAME METRO WEST TOTAL RTN BOND FUND CL I N/L-MWTIX (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" 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"/> NET LOSS	Less than \$9,320

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME MFS RESEARCH FUND CL I N/L - LSGRX (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$18,630 but less than \$46,580

MUTUAL FUND	NAME PIMCO LOW DURATION FUND CL I2 N/L - PLDPX (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME SPDR S&P DIVIDEND ETF - SDY (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME VANGUARD MID-CAP ETF - VO (Owned by Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME FIRST EAGLE GLOBAL FUND CL C M/F - FESGX (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS Less than \$9,320	

MUTUAL FUND	NAME ISHARES TR 3 7 YR TREAS BD - IEI (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input 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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME ISHARES TR CORE MSCI EURO - IEUR (Owned by Kirk Preston Watson SEP)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME ISHARES TR IBOXX INV CP ETF - LQD (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input 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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS Less than \$9,320	

MUTUAL FUND	NAME ISHARES TR MSCI AC ASIA ETF - AAXJ (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET LOSS Less than \$9,320	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME ISHARES TR RUSSELL 2000 ETF - IWM (Owned by Kirk Preston Watson SEP)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME ISHARES TR U.S. FIN SVC ETF - IYG (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input 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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME SOUTHERNSUN U.S. EQUITY FUND CL N N/L - SSEFX (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME SPDR COMM SERVICES SELECT SECTOR FUND - XLC (Owned by Kirk Preston Watson SEP)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME SPDR CONSUMER DISCR SELECT SECTOR FUND - XLY (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input 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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME SPDR ENERGY SELECT SECTOR FUND - XLE (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input 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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME SPDR FINANCIAL SELECT SECTOR FUND - XLF (Owned by Kirk Preston Watson SEP)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
	Less than \$9,320	

MUTUAL FUND	NAME SPDR HEALTH CARE SELECT - XLV (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
	Less than \$9,320	

MUTUAL FUND	NAME SPDR INDUSTRIAL SELECT SECTOR FUND - XLI (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input 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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
	Less than \$9,320	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME SPDR TECHNOLOGY SELECT SECTOR FUND - XLK (Owned by Kirk Preston Watson SEP)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME VANGUARD FTSE ALL-WORLD EX-US ETF - VEU (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

MUTUAL FUND	NAME VANGUARD FTSE PACIFIC ETF - VPL (Owned by Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME INCOME FD OF AMER CLASS A-AMER FDS M/F-AMECX (Owned by Elizabeth McDaniel)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME VANGUARD TARGET 2020 (OWNED BY KIRK P. WATSON FIDELITY 401K ACCOUNT)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME FED HERMES SHORT TERM INCOME FD INSTL SHRS IS N/L-FSTYX (Owned by KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME LOOMIS SAYLES GROWTH FD CL Y N/L-NATIXIS ADVSR-LSGRX (Owned by KEPC Trust)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME METROPOLITAN WEST TOTAL RETURN BOND FUND CL I N/L-MWTIX (Owned by KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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"/> NET LOSS	

MUTUAL FUND	NAME T. ROWE PRICE U.S. EQUITY RESEARCH FD INVSTR CL N/L-PRCOX (Owned by KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME T. ROWE PRICE OVERSEAS STOCK FUND INVSTR CL N/L- TROX (Owned by KEPC Trust)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME T. ROWE PRICE SMALL CAP VALUE FUND INVSTR CL N/L-PRSVX (Owned by KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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 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"/> NET LOSS	

MUTUAL FUND	NAME ALLSPRING EMERGING MARKETS EQUITY FUND CL I N/L-EMGNX (Owned by KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" 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 checked="" 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"/> NET LOSS	

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MUTUAL FUNDS

PART 4

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME HARDING LOEVNER EMERG MTS PORT FUND ADV CL N/L-HLEMX (Owned by KEPC Trust)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

MUTUAL FUND	NAME CLEARBRIDGE DIV STRAT FUND CL I N/L-SOPYX (Owned by Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$9,320 but less than \$18,630

MUTUAL FUND	NAME FED HERMES SHORT TERM INC FD INSTL SHRS IS N/L-FSTYX (Owned-Kirk P Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

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MUTUAL FUNDS

PART 4

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME HARDING LOEVNER EMERG MKTS PT FND ADVS CL N/L-HLEMX (Owned- Kirk P Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" 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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$18,630 but less than \$46,580

MUTUAL FUND	NAME JOHN HANCOCK DISC VALUE MIDCAP FD CL I N/L-JVMIX (Owned-Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$18,630 but less than \$46,580

MUTUAL FUND	NAME PGIM ABSOLUTE RETURN BOND FUND CL Z N/L-PADZX (Owned-Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET LOSS	Less than \$9,320

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MUTUAL FUNDS

PART 4

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME TRANSAMERICA HIGH YIELD BOND FUND CL I N/L - TDHIX (Owned-Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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 checked="" type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$9,320 but less than \$18,630

MUTUAL FUND	NAME VANGUARD INDEX FUNDS S&P 500 ETF SHS NEW - VOO (Owned-Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" 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"/> NET LOSS	

MUTUAL FUND	NAME ALLSPRING LARGE CAP CORE FUND CL C M/F-EGOCX (Owned-Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	Less than \$9,320

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MUTUAL FUNDS

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME SPDR PORTFOLIO SHORT TERM CORP BOND ETF - SPSB (Owned-Kirk Preston Watson SEP)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME VANGUARD INTERMDTE-TERM CORP BOND ETF - VCIT (Owned-Kirk Preston Watson SEP)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
	Less than \$9,320	

MUTUAL FUND	NAME GRWTH FD OF AMER CLASS A-AMER FDS M/F-AGTHX (Owned by Elizabeth M Watson IRA)	
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 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"/> NET LOSS	

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MUTUAL FUNDS

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME INV CO OF AMER CLASS A-AMER FUNDS M/F-AIVSX (Owned-Elizabeth McDaniel Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	<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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

MUTUAL FUND	NAME SMALLCAP WORLD FD CLASS A-AMER FDS M/F-SMCWX (Owned-Elizabeth M Watson IRA)	
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 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"/> NET LOSS	

MUTUAL FUND	NAME JOHN HANCOCK DISC VALUE MID CAP FUND CL I N/L-JVMIX (Owned by KEPC Trust)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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"/> NET LOSS	

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MUTUAL FUNDS

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1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 MUTUAL FUND	NAME AQR LRG CAP DEFENSIVE STYLE FUND CL I N/L-AUEIX (Owned-Kirk Preston Watson IRA)	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$9,320 but less than \$18,630

MUTUAL FUND	NAME T. ROWE PRICE OVERSEAS STOCK FD INV CL N/L-TROX (Owned-Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="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 checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$9,320 but less than \$18,630

MUTUAL FUND	NAME T. ROWE PRICE SMALL CAP VALUE FD INV CL N/L-PRSVX (Owned-Kirk Preston Watson IRA)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" 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"/> NET LOSS	At least \$9,320 but less than \$18,630

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MUTUAL FUNDS

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1 FILER INFORMATION	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Watson, Kirk</td> <td>00090869</td> </tr> </table>	FILER NAME	FILER ID	Watson, Kirk	00090869				
FILER NAME	FILER ID								
Watson, Kirk	00090869								
2 MUTUAL FUND	<table> <tr> <td>NAME</td> </tr> <tr> <td>T. ROWE PRICE U.S. EQTY RSCH FD INV CL N/L-PRCOX (Owned-Kirk Preston Watson IRA)</td> </tr> </table>	NAME	T. ROWE PRICE U.S. EQTY RSCH FD INV CL N/L-PRCOX (Owned-Kirk Preston Watson IRA)						
NAME									
T. ROWE PRICE U.S. EQTY RSCH FD INV CL N/L-PRCOX (Owned-Kirk Preston Watson IRA)									
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____								
4 NUMBER OF SHARES OF MUTUAL FUND	<table> <tr> <td><input type="checkbox"/> LESS THAN 100</td> <td><input type="checkbox"/> 100 TO 499</td> <td><input type="checkbox"/> 500 TO 999</td> <td><input checked="" type="checkbox"/> 1,000 TO 4,999</td> </tr> <tr> <td><input type="checkbox"/> 5,000 to 9,999</td> <td><input type="checkbox"/> 10,000 OR MORE</td> <td colspan="2"></td> </tr> </table>	<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		
<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								
5 IF SOLD	<table> <tr> <td><input checked="" type="checkbox"/> NET GAIN</td> <td rowspan="2">At least \$18,630 but less than \$46,580</td> </tr> <tr> <td><input type="checkbox"/> NET LOSS</td> </tr> </table>	<input checked="" type="checkbox"/> NET GAIN	At least \$18,630 but less than \$46,580	<input type="checkbox"/> NET LOSS					
<input checked="" type="checkbox"/> NET GAIN	At least \$18,630 but less than \$46,580								
<input type="checkbox"/> NET LOSS									

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 \$930 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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS ACAP STRATEGIC FUND CLASS A M/F - XCAPX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS AMERICAN FUNDS AMERICAN MUTUAL FUND CL F2 N/L - AMRFX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS AMERICAN FUNDS GROWTH FUND OF AMERICA FUND CL A M/F - AGTHX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$930 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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS AMERICAN FUNDS INCOME FUND OF AMERICA FD CL A M/F - AMECX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS AMERICAN FUNDS INVESTMENT CO OF AMERICA FD CL A M/F - AIVSX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS AMERICAN FUNDS SMALLCAP WORLD FUND CL A M/F - SMCWX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$930 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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS AQR LARGE CAP DEFENSIVE STYLE FUND CL I N/L - AUEIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS BAIRD AGGREGATE BOND FUND INSTL CL N/L - BAGIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS CHAMPLAIN MID CAP FUND INSTL CL N/L - CIPIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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List each source of income you, your spouse, or a dependent child received in excess of \$930 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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS DODGE & COX INCOME FUND CL I N/L - DODIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS FRONTIER COMMUNITY BANKSHARES INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE C/O COMPUTERSHARE PO BOX 505005 LOUISVILL, KY 40233-5055	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$9,320 but less than \$18,630	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS FRONTIER COMMUNITY BANKSHARES INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE C/O COMPUTERSHARE PO BOX 505005 LOUISVILL, KY 40233-5055	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS ISHARES TR BROAD USD HIGH - USHY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS ISHARES TR CORE 1 5 YR USD - ISTB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS ISHARES TR CORE MSCI EAFE - IEFA ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS ISHARES TR CORE US AGGBD ET - AGG ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS ISHARES TR JPMORGAN USD EMG - EMB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS ISHARES TR MSCI USA MIN VOL - USMV ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND CL I N/L - JVMIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS JOHN HANCOCK INTERNATIONAL GROWTH FUND CL I N/L - GOGIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS JPMORGAN SMALL CAP EQUITY FUND CL I N/L - VSEIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS LOOMIS SAYLES GROWTH FUND CL Y N/L - NATIXIS ADVISOR - LSGRX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS METROPOLITAN WEST TOTAL RETURN BOND FUND CL I N/L - MWTIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS MFS RESEARCH FUND CL I N/L - MRFIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS SPDR S&P DIVIDEND ETF - SDY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS T. ROWE PRICE OVERSEAS STOCK FUND INVESTOR CL N/L - TROX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS T. ROWE PRICE SMALL CAP VALUE FUND INVESTOR CL N/L - PRSVX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS T. ROWE PRICE U.S. EQUITY RESEARCH FD INVSTR CL N/L - PRCOX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS TRANSAMERICA HIGH YIELD BOND FUND CL I N/L - TDHIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS VANGUARD FTSE ALL-WORLD EX-US ETF - VEU ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS VANGUARD INDEX FUNDS S&P 500 ETF SHS NEW - VOO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS VANGUARD INTERMEDIATE-TERM CORPORATE BOND ETF - VCIT ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	Less than \$9,320	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS condo rental paid through KEPC Family Trust ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4017 Avenue H Austin, TX 78751	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$9,320 but less than \$18,630	

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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 \$1,860 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 Watson, Kirk	FILER ID 00090869
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	American Express Credit Card	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$9,320 but less than \$18,630	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase Credit Card	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	At least \$9,320 but less than \$18,630	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Colonial Savings, FA	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	At least \$46,580 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 \$1,860 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 Watson, Kirk	FILER ID 00090869
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CitiBank Credit Card	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	Less than \$9,320	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America Credit Card	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	Less than \$9,320	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	TIB Credit Card	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	Less than \$9,320	

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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 \$1,860 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 Watson, Kirk FILER ID 00090869
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	The Home Depot Credit Card
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 GUARANTOR	NONE
5 AMOUNT	Less than \$9,320

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	At least \$18,630 but less than \$46,580

Empty reporting area

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 Watson, Kirk	FILER ID 00090869
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 405 Main Street Pitkin, CO 81241	
4 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Gunnison	
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	McDaniel, Charles & Diane (Liz Watson's brother, spouse)	
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

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	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Watson, Kirk</td> <td>00090869</td> </tr> </table>	FILER NAME	FILER ID	Watson, Kirk	00090869
FILER NAME	FILER ID				
Watson, Kirk	00090869				
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 STREET ADDRESS <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE				
4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 341.00000 acres Woodward OK mineral interest				
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)					
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS					

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 Watson, Kirk FILER ID 00090869
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 39 Rock Garden Gulley Taos, NM 87571
4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 2.00000 acres Taos
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Colonial Savings
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> 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 Watson, Kirk	FILER ID 00090869
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Frontier Bank of Texas PO Box 551 Elgin, TX 78621	
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Frontier Community Bancshares, Inc. PO Box 551 Elgin, TX 78621	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) KEPC Trust (a family trust) 4017 Avenue H Austin, TX 78757	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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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 Watson, Kirk FILER ID 00090869
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Austin Housing Conservancy Fund 2525 Wallingford Dr. Bldg. 13, Ste. A Austin, TX 78746
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) K&LW LLC 4017 Avenue H Austin, TX 78751
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

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GIFTS

PART 8

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 any person or organization that has given a gift worth more than \$470 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. 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 Watson, Kirk FILER ID 00090869
2 DONOR	NAME AND ADDRESS Jones, Charlie ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4620 Lake View Dr. Austin, TX 78731
3 RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 DESCRIPTION OF GIFT	passes to Austin City Limits Festival

DONOR	NAME AND ADDRESS Campbell & Levine, LLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 310 Grant St. #1700 Pittsburgh, PA 15218
RECIPIENT	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	fruit delivered monthly

GIFTS

PART 8

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 any person or organization that has given a gift worth more than \$470 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. 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 Watson, Kirk	FILER ID 00090869
2 DONOR	NAME AND ADDRESS Suttle, Richard ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Greenlee Austin, TX 78703	
3 RECIPIENT	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 DESCRIPTION OF GIFT	tickets to soccer	

DONOR	NAME AND ADDRESS Penn, Walt ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2200 Matthews Dr. Austin, TX 78703	
RECIPIENT	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION OF GIFT	steaks	

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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 \$930 in income, 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.

1 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 SOURCE	NAME OF TRUST KEPC Family Trust	
3 BENEFICIARY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 INCOME	At least \$9,320 but less than \$18,630	
5 ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	1401 Bagby #6, Waco, TX	

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 Watson, Kirk FILER ID 00090869									
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) K&LW, LLC 4017 Avenue H Austin, TX 78751									
3 BUSINESS TYPE	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Firm</td> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Professional Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association								
<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____								
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									

BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) KEPC Trust 4017 Avenue H Austin, TX 78751									
BUSINESS TYPE	<table border="0"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Firm</td> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Professional Corporation</td> <td><input checked="" type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input checked="" type="checkbox"/> Other _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association								
<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input checked="" type="checkbox"/> Other _____								
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									

Empty space for additional business associations
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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 Watson, Kirk	FILER ID 00090869
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) KEPC Trust 4017 Avenue H Austin, TX 78751	
3 BUSINESS TYPE	Other Business Association	
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
5 ASSETS	DESCRIPTION	CATEGORY
	property in Willow City, TX	At least \$46,580 or more
	homestead	At least \$46,580 or more
	Two condos in Waco, TX	At least \$46,580 or more

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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 ORGANIZATION	Frontier Bank of Texas	
3 POSITION HELD	Chair of the Board	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Frontier Community Bancshares, Inc.	
POSITION HELD	Chair of the Board	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Claims Resolution Mgmt. Corp.	
POSITION HELD	Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Manville Personal Injury Settlement Trust	
POSITION HELD	Trustee	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Federal-Mogul Asbestos Personal Injury Trust	
POSITION HELD	Managing Trustee	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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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 FILER INFORMATION	FILER NAME Watson, Kirk	FILER ID 00090869
2 ORGANIZATION	MLC Asbestos Personal Injury Trust	
3 POSITION HELD	Trustee	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Texas Transportation Institute at Texas A&M	
POSITION HELD	Advisory Board Member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Burns & Roe Asbestos Personal Injury Trust	
POSITION HELD	Trustee	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 14

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 corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 FILER INFORMATION	FILER NAME	FILER ID
	Watson, Kirk	00090869
2 BUSINESS ENTITY	NAME AND ADDRESS	
	Frontier Bank of Texas PO Box 551 Elgin, TX 78621	
3 INTEREST HELD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

BUSINESS ENTITY	NAME AND ADDRESS	
	Frontier Community Bancshares, Inc. PO Box 551 Elgin, TX 78621	
INTEREST HELD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> 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
- 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 - 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

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 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.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Kirk Watson

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

STATEMENT OF FINANCIAL INFORMATION

FORM SFI
COVER SHEET

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Kirk</p> <hr style="border-top: 1px dashed black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Watson</p>	PAGE # <p style="text-align: center;">38</p> <hr/> ACCOUNT # <p style="text-align: center;">00090869</p>						
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP PO Box 300903 Austin, TX 78703 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	OFFICE USE ONLY						
		Date Received <p style="text-align: center;">ELECTRONICALLY FILED 08/29/2022</p> <hr/> Receipt #						
3 Spouse or Domestic Partner whose financial activity you are reporting	Elizabeth Watson SPOUSE PO Box 300903 Austin, TX 78703 none	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">HD / PM</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged	
HD / PM	Amount							
Date Processed								
Date Imaged								
4 REASON FOR FILING STATEMENT	<div style="margin-bottom: 10px;"> <input type="checkbox"/> MAYOR <input type="checkbox"/> CITY COUNCIL MEMBER <input type="checkbox"/> CITY STAFF/EMPLOYEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> BOARD MEMBER </div> <p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2021.</p> <p>Filing Deadlines: Mayor & Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year. Except that outgoing Mayor & Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office. Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices. Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p>							

OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	University of Houston System
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 4800 Calhoun Rd. Houston, TX 77004
3 NATURE OF OCCUPATION OR BUSINESS	Founding Dean, Hobby School of Public Affairs
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input checked="" type="checkbox"/> Enter an Amount less than \$200,000

5 MEMO

NAME OF EMPLOYER OR SOURCE OF INCOME	Federal Mogul Asbestos Personal Injury Trust
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 2000 K Street, NW 12th Floor Washington, DC 20006
NATURE OF OCCUPATION OR BUSINESS	Managing Trustee
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input checked="" type="checkbox"/> Enter an Amount less than \$200,000

MEMO

OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	MLC Asbestos Personal Injury Trust
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 3120 Fairview Park Dr. #200 Falls Church, VA 22042
3 NATURE OF OCCUPATION OR BUSINESS	Trustee
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input checked="" type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	

NAME OF EMPLOYER OR SOURCE OF INCOME	Manville Personal Injury Settlement Trust
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 1132 Main St. Peekskill, NY 10566
NATURE OF OCCUPATION OR BUSINESS	Trustee
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input checked="" type="checkbox"/> Enter an Amount less than \$200,000

MEMO	
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OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	Burns & Roe Asbestos Personal Injury Trust
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 3120 Fairview Park Dr. #200 Falls Church, VA 22042
3 NATURE OF OCCUPATION OR BUSINESS	Trustee
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input checked="" type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO

NAME OF EMPLOYER OR SOURCE OF INCOME	Claims Resolution Management Corp.
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 3120 Fairview Park Dr. Falls Church, VA 22042
NATURE OF OCCUPATION OR BUSINESS	Board Member
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO

OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	Frontier Bank of Texas
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE PO Box 551 Elgin, TX 78621
3 NATURE OF OCCUPATION OR BUSINESS	Board Member
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO

SELF-EMPLOYMENT/PROFESSIONAL CORP./SMALL BUSINESS INCOME

PART 2

If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non professional services during the reporting period.

1 NAME OF CLIENT OR CUSTOMER	Federal Mogul Asbestos Personal Injury Trust
2 ADDRESS	ADDRESS CITY STATE ZIP CODE 2000 K Street, NW 12th Floor Washington, DC 20006
3 MEMO	
NAME OF CLIENT OR CUSTOMER	MLC Asbestos Personal Injury Trust
ADDRESS	ADDRESS CITY STATE ZIP CODE 3120 Fairview Park Dr. #200 Falls Church, VA 22042
MEMO	
NAME OF CLIENT OR CUSTOMER	Manville Personal Injury Settlement Trust
ADDRESS	ADDRESS CITY STATE ZIP CODE 1132 Main St. Ste. 4 Peekskill, NY 10566
MEMO	
NAME OF CLIENT OR CUSTOMER	Burns & Roe Asbestos Injury Trust
ADDRESS	ADDRESS CITY STATE ZIP CODE 3120 Fairview Park Dr. #200 Falls Church, VA 22042
MEMO	
NAME OF CLIENT OR CUSTOMER	Frontier Bank of Texas
ADDRESS	ADDRESS CITY STATE ZIP CODE PO Box 551 Elgin, TX 78621
MEMO	

SELF-EMPLOYMENT/PROFESSIONAL CORP./SMALL BUSINESS INCOME

PART 2

If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non professional services during the reporting period.

1 NAME OF CLIENT OR CUSTOMER	Claims Resolution Management Corp.
2 ADDRESS	<p style="text-align: right;">ADDRESS CITY STATE ZIP CODE</p> <p>3120 Fairview Park Dr. #200 Falls Church, VA 22042-4570</p>

3 MEMO

NON-OCCUPATION INCOME

PART 3

List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

1 NAME OF SOURCE	Rental income from condo
2 NATURE OF INCOME	rent paid to KEPC Trust
3 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

4 MEMO	
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NAME OF SOURCE	Employees Retirement System
NATURE OF INCOME	Kirk Watson retirement income
3 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	
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NON-OCCUPATION INCOME

PART 3

List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

1 NAME OF SOURCE	Social Security Administration
2 NATURE OF INCOME	Liz Watson social security
3 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

4 MEMO	
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NAME OF SOURCE	Frontier Comm Bankshares Inc
NATURE OF INCOME	Dividends
3 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	owned by Kirk P. Watson
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NON-OCCUPATION INCOME

PART 3

List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

1 NAME OF SOURCE	Frontier Comm Bankshares Inc
2 NATURE OF INCOME	Dividends
3 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

4 MEMO	Owned by Kirk and Liz Watson
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GIFTS

PART 4

Identify any source (person, business entity or other organization) of a gift of any money or other thing of value exceeding \$100 or identify any source who gave you a series of gifts the total value of which exceeds \$100. You need not report campaign contributions which are reported as required by other law and you need not report gifts received from the following relatives: Spouse, Children, Children-in-law, Parents, Parents-in-Law, Grandchildren, Grandchildren-in-Law, Grandparents, Grandparents-in-Law, Brothers, Brothers-in-Law, Sisters, Sisters-in-Law, Uncles, Uncles-in-Law, Aunts, Aunts-in-Law, Nephews, Nephews-in-Law, Nieces, Nieces-in-Law, First Cousins, or First Cousins-in-Law.

1 NAME OF SOURCE OF GIFT	Richard Suttle (tickets to soccer game)
2 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

3 MEMO	
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NAME OF SOURCE OF GIFT	Charlie Jones (tickets to ACL Fest)
2 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	
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GIFTS

PART 4

Identify any source (person, business entity or other organization) of a gift of any money or other thing of value exceeding \$100 or identify any source who gave you a series of gifts the total value of which exceeds \$100. You need not report campaign contributions which are reported as required by other law and you need not report gifts received from the following relatives: Spouse, Children, Children-in-law, Parents, Parents-in-Law, Grandchildren, Grandchildren-in-Law, Grandparents, Grandparents-in-Law, Brothers, Brothers-in-Law, Sisters, Sisters-in-Law, Uncles, Uncles-in-Law, Aunts, Aunts-in-Law, Nephews, Nephews-in-Law, Nieces, Nieces-in-Law, First Cousins, or First Cousins-in-Law.

1 NAME OF SOURCE OF GIFT	Campbell & Levine, LLC (monthly fruit)
2 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

3 MEMO	
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NAME OF SOURCE OF GIFT	Walt Penn (steaks)
2 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	
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OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	K&LW LLC
2 MEMO	
NAME OF COMPANY OR ENTITY	KEPC Trust (a family trust)
MEMO	
NAME OF COMPANY OR ENTITY	FRONTIER COMMUNITY BANKSHARES INC. (OWNED BY KIRK AND LIZ WATSON)
MEMO	
NAME OF COMPANY OR ENTITY	FRONTIER COMMUNITY BANKSHARES INC. (OWNED BY KIRK P. WATSON)
MEMO	
NAME OF COMPANY OR ENTITY	VANGUARD TARGET 2020 (OWNED BY KIRK P. WATSON FIDELITY 401K ACCOUNT)
MEMO	
NAME OF COMPANY OR ENTITY	AQR LARGE CAP DEFENSIVE STYLE FUND CL I N/L - AUEIX (Owned by The KEPC Trust)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS

PART 5

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	CHAMPLAIN MID CAP FUND INSTL CL N/L - CIPIX (Owned by The KEPC Trust)
2 MEMO	
NAME OF COMPANY OR ENTITY	AMERICAN FUNDS AMERICAN MUTUAL FUND CL F2 N/L - AMRFX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	BAIRD AGGREGATE BOND FUND INSTL CL N/L - BAGIX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	DODGE & COX INCOME FUND N/L - DODIX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	FEDERATED HERMES SHORT TERM INCOME FD INSTL SHRS IS N/L - FSTYX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	JOHN HANCOCK INTERNATIONAL GROWTH FUND CL I N/L - GOGIX (Owned by The KEPC Trust)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS

PART 5

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND CL I N/L - JVMIX (Owned by The KEPC Trust)
2 MEMO	
NAME OF COMPANY OR ENTITY	JPMORGAN SMALL CAP EQUITY FUND CL I N/L - VSEIX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	LOOMIS SAYLES GROWTH FUND CL Y N/L - NATIXIS ADVISOR - LSGRX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	MFS RESEARCH FUND CL I N/L - MRFIX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	METROPOLITAN WEST TOTAL RETURN BOND FUND CL I N/L - MWTIX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	PIMCO LOW DURATION FUND CL I2 N/L - PLDPX (Owned by The KEPC Trust)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	T. ROWE PRICE U.S. EQUITY RESEARCH FD INVSTR CL N/L - PRCOX (Owned by The KEPC Trust)
2 MEMO	
NAME OF COMPANY OR ENTITY	T. ROWE PRICE OVERSEAS STOCK FUND INVESTOR CL N/L - TROX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	T. ROWE PRICE SMALL CAP VALUE FUND INVESTOR CL N/L - PRSVX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	TRANSAMERICA HIGH YIELD BOND FUND CL I N/L - TDHIX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	ALLSPRING EMERGING MARKETS EQUITY FUND CL I N/L - EMGNX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	PGIM ABSOLUTE RETURN BOND FUND CL Z N/L - PADZX (Owned by The KEPC Trust)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	CLEARBRIDGE DIVIDEND STRATEGY FUND CL I N/L - SOPYX (Owned by The KEPC Trust)
2 MEMO	
NAME OF COMPANY OR ENTITY	HARDING LOEVNER EMERG MARKETS PORT FUND ADVISOR CL N/L - HLEMX (Owned by The KEPC Trust)
MEMO	
NAME OF COMPANY OR ENTITY	ACAP STRATEGIC FUND CLASS A M/F - XCAPX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	AMERICAN FUNDS AMERICAN MUTUAL FUND CL F2 N/L - AMRFX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	AQR LARGE CAP DEFENSIVE STYLE FUND CL I N/L - AUEIX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	BAIRD AGGREGATE BOND FUND INSTL CL N/L - BAGIX (Owned by Kirk Preston Watson IRA)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	CHAMPLAIN MID CAP FUND INSTL CL N/L - CIPIX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	CLEARBRIDGE DIVIDEND STRATEGY FUND CL I N/L - SOPYX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	DODGE & COX INCOME FUND CL I N/L - DODIX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	FEDERATED HERMES SHORT TERM INCOME FD INSTL SHRS IS N/L - FSTYX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	HARDING LOEVNER EMERG MARKETS PORT FUND ADVISOR CL N/L - HLEMX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR BROAD USD HIGH - USHY (Owned by Kirk Preston Watson IRA)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	ISHARES TR CORE 1 5 YR USD - ISTB (Owned by Kirk Preston Watson IRA)
2 MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR CORE MSCI EAFE - IEFA (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR CORE S&P MCP ETF - IJH (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR CORE S&P SCP ETF - IJR (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR CORE US AGGBD ET - AGG (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR JPMORGAN USD EMG - EMB (Owned by Kirk Preston Watson IRA)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	ISHARES TR MSCI USA MIN VOL - USMV (Owned by Kirk Preston Watson IRA)
2 MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR MSCI USA SMCP MN - SMMV (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND CL I N/L - JVMIX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	JOHN HANCOCK INTERNATIONAL GROWTH FUND CL I N/L - GOGIX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	JPMORGAN SMALL CAP EQUITY FUND CL I N/L - VSEIX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	LOOMIS SAYLES GROWTH FUND CL Y N/L - NATIXIS ADVISOR - NATIXIS ADVISOR
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	METROPOLITAN WEST TOTAL RETURN BOND FUND CL I N/L - MWTIX (Owned by Kirk Preston Watson IRA)
2 MEMO	
NAME OF COMPANY OR ENTITY	MFS RESEARCH FUND CL I N/L - LSGRX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	PGIM ABSOLUTE RETURN BOND FUND CL Z N/L - PADZX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	PIMCO LOW DURATION FUND CL I2 N/L - PLDPX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	SPDR S&P DIVIDEND ETF - SDY (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	T. ROWE PRICE OVERSEAS STOCK FUND INVESTOR CL N/L - TROX (Owned by Kirk Preston Watson IRA)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	T. ROWE PRICE SMALL CAP VALUE FUND INVESTOR CL N/L - PRSVX (Owned by Kirk Preston Watson IRA)
2 MEMO	
NAME OF COMPANY OR ENTITY	T. ROWE PRICE U.S. EQUITY RESEARCH FD INVSTR CL N/L - PRCOX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	TRANSAMERICA HIGH YIELD BOND FUND CL I N/L - TDHIX (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	VANGUARD INDEX FUNDS S&P 500 ETF SHS NEW - VOO (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	VANGUARD MID-CAP ETF - VO (Owned by Kirk Preston Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	ALLSPRING LARGE CAP CORE FUND CL C M/F - EGOCX (Owned by Kirk Preston Watson SEP)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	FIRST EAGLE GLOBAL FUND CL C M/F - FESGX (Owned by Kirk Preston Watson SEP)
2 MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR 3 7 YR TREAS BD - IEI (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR CORE MSCI EURO - IEUR (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR IBOXX INV CP ETF - LQD (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR MSCI AC ASIA ETF - AAXJ (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	ISHARES TR RUSSELL 2000 ETF - IWM (Owned by Kirk Preston Watson SEP)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	ISHARES TR U.S. FIN SVC ETF - IYG (Owned by Kirk Preston Watson SEP)
2 MEMO	
NAME OF COMPANY OR ENTITY	SOUTHERNSUN U.S. EQUITY FUND CL N N/L - SSEFX (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	SPDR COMMUNICATION SERVICES SELECT SECTOR FUND - XLC (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	SPDR CONSUMER DISCRETIONARY SELECT SECTOR FUND - XLY (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	SPDR ENERGY SELECT SECTOR FUND - XLE (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	SPDR FINANCIAL SELECT SECTOR FUND - XLF (Owned by Kirk Preston Watson SEP)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	SPDR HEALTH CARE SELECT - XLV (Owned by Kirk Preston Watson SEP)
2 MEMO	
NAME OF COMPANY OR ENTITY	SPDR INDUSTRIAL SELECT SECTOR FUND - XLI (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	SPDR PORTFOLIO SHORT TERM CORPORATE BOND ETF - SPSB (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	SPDR TECHNOLOGY SELECT SECTOR FUND - XLK (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	VANGUARD FTSE ALL-WORLD EX-US ETF - VEU (Owned by Kirk Preston Watson SEP)
MEMO	
NAME OF COMPANY OR ENTITY	VANGUARD FTSE PACIFIC ETF - VPL (Owned by Kirk Preston Watson SEP)
MEMO	

OTHER BUSINESS OWNERSHIPS/INTERESTS**PART 5**

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY	VANGUARD INTERMEDIATE-TERM CORPORATE BOND ETF - VCIT (Owned by Kirk Preston Watson SEP)
2 MEMO	
NAME OF COMPANY OR ENTITY	GROWTH FUND OF AMERICA CLASS A - AMERICAN FUNDS M/F - AGTHX (Owned by Elizabeth McDaniel Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	INCOME FUND OF AMERICA CLASS A - AMERICAN FUNDS M/F - AMECX (Owned by Elizabeth McDaniel Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	INVESTMENT COMPANY OF AMERICA CLASS A - AMERICAN FUNDS M/F - AIVSX (Owned by Elizabeth McDaniel Wats)
MEMO	
NAME OF COMPANY OR ENTITY	SMALLCAP WORLD FUND CLASS A - AMERICAN FUNDS M/F - SMCWX (Owned by Elizabeth McDaniel Watson IRA)
MEMO	
NAME OF COMPANY OR ENTITY	Austin Housing Conservancy Fund
MEMO	

OTHER INCOME SOURCES

PART 7

List all other income or revenue in excess of \$5,000 per source.

1 NAME OF SOURCE	Rental income from condo
2 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

3 MEMO	paid to KEPC Trust
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REAL PROPERTY OWNERSHIP OR SALE

PART 8

List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

1 STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 405 Main Street Pitkin, CO 81241
2 DESCRIPTION OF PROPERTY	cabin
3 PRESENT USE OF PROPERTY	family cabin with Liz Watson's brother

4 MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE none Woodward, OK 73801
DESCRIPTION OF PROPERTY	341 acres
PRESENT USE OF PROPERTY	mineral interest

MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 39 Rock Garden Gulley Taos, NM 87571
DESCRIPTION OF PROPERTY	2 acres
PRESENT USE OF PROPERTY	family house

MEMO

REAL PROPERTY, BUSINESS ENTITY**PART 9**

List and describe all real property held, owned, acquired or sold, or under a contract for sale, by a corporation, partnership, limited partnership, professional corporation, or other entity in which you own or control at least a 5% interest. The description should be sufficient to locate the property and include a street address, if any, and the present use of the property.

1 STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 4017 Avenue H Austin, TX 78751
2 DESCRIPTION OF PROPERTY	home
3 PRESENT USE OF PROPERTY	homestead
4 MEMO	Held by KEPC Trust
STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 1364 Gold-Schaffer Road Willow City, TX 78675
DESCRIPTION OF PROPERTY	188 acres
PRESENT USE OF PROPERTY	family farm/ranch
MEMO	Held by KEPC Trust
STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 1401 Bagby #6 Waco, TX 76706
DESCRIPTION OF PROPERTY	condo
PRESENT USE OF PROPERTY	rental property
MEMO	Held by KEPC Trust
STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 1401 Bagby #13 Waco, TX 76706
DESCRIPTION OF PROPERTY	condo
PRESENT USE OF PROPERTY	son's home
MEMO	Held by KEPC Trust

LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	American Express Credit Card
2 RATE OF INTEREST, IF ANY	17.49
3 DATE OBLIGATION WAS INCURRED	1991-01-01
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO

NAME OF LENDER/CREDITOR/OBLIGEE	Colonial Savings, FA
RATE OF INTEREST, IF ANY	3.625
DATE OBLIGATION WAS INCURRED	2013-10-29

4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input checked="" type="checkbox"/> Enter an Amount \$200,000
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MEMO

LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	Colonial Savings, FA
2 RATE OF INTEREST, IF ANY	4.125
3 DATE OBLIGATION WAS INCURRED	2017-06-21
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input checked="" type="checkbox"/> Enter an Amount \$200,000

5 MEMO

NAME OF LENDER/CREDITOR/OBLIGEE	CitiBank Credit Card
RATE OF INTEREST, IF ANY	19.24
DATE OBLIGATION WAS INCURRED	2000-01-01
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO

date credit card opened unknown

LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	Bank of America Credit Card
2 RATE OF INTEREST, IF ANY	25.49
3 DATE OBLIGATION WAS INCURRED	2000-01-01
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	date credit card opened unknown

NAME OF LENDER/CREDITOR/OBLIGEE	Chase Credit Card
RATE OF INTEREST, IF ANY	28.74
DATE OBLIGATION WAS INCURRED	2000-01-01
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	date credit card opened unknown
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LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	Home Depot Credit Card
2 RATE OF INTEREST, IF ANY	25.99
3 DATE OBLIGATION WAS INCURRED	2000-01-01
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	date credit card opened unknown

NAME OF LENDER/CREDITOR/OBLIGEE	TIB Credit Card
RATE OF INTEREST, IF ANY	5.75
DATE OBLIGATION WAS INCURRED	2000-01-01
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	date credit card opened unknown
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LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	Wells Fargo
2 RATE OF INTEREST, IF ANY	0
3 DATE OBLIGATION WAS INCURRED	2021-09-01
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO

BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

1	NAME OF ORGANIZATION	Frontier Bank of Texas
2	POSITION HELD	Chair of the Board
3	MEMO	
	NAME OF ORGANIZATION	Claims Resolution Mgmt. Corp.
	POSITION HELD	Director
	MEMO	
	NAME OF ORGANIZATION	Manville Personal Injury Settlement Trust
	POSITION HELD	Trustee
	MEMO	
	NAME OF ORGANIZATION	Federal-Mogul Asbestos Personal Injury Trust
	POSITION HELD	Managing Trustee
	MEMO	
	NAME OF ORGANIZATION	MLC Asbestos Personal Injury Trust
	POSITION HELD	Trustee
	MEMO	
	NAME OF ORGANIZATION	Frontier Community Bancshares, Inc.
	POSITION HELD	Chair of the Board
	MEMO	

BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

1 NAME OF ORGANIZATION	Texas Transportation Institute of Texas A&M
2 POSITION HELD	Advisory Board Member

3 MEMO

NAME OF ORGANIZATION	Burns & Roe Asbestos Personal Injury Trust
POSITION HELD	Trustee

MEMO

STATEMENT OF FINANCIAL INFORMATION

PARTS MARKED "NOT APPLICABLE" BY FILER

- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

Kirk Watson

Signature of Filer