

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/04/2026

### General Information

Name: Hon Raul Antonio Cuervo

**CONFIDENTIAL**

**PID 274942**

### AGENCY INFORMATION

| Organization            | Suborganization                | Title              |
|-------------------------|--------------------------------|--------------------|
| Judicial Circuit (11Th) | Elected Constitutional Officer | County Court Judge |

### CANDIDATE FOR

| Position     | Agency Name            | Position sought or held |
|--------------|------------------------|-------------------------|
| County Judge | Judicial Circuit(11th) | County Court Judge      |

### Net Worth

My Net Worth as of December 31, 2025 was \$ 3,159,998.99.

**Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 50,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset             | Value of Asset  |
|----------------------------------|-----------------|
| House {REDACTED}                 | \$ 800,000.00   |
| House {REDACTED}                 | \$ 600,000.00   |
| House {REDACTED}                 | \$ 280,000.00   |
| 2023 Subaru Crosstrek            | \$ 15,000.00    |
| 2004 Toyota Tundra               | \$ 1,100.00     |
| 2018 Ford Escape                 | \$ 10,000.00    |
| Truist Checking Account          | \$ 12,652.50    |
| Florida Retirement Investment    | \$ 250,000.00   |
| Schwab IRA Rollover ({REDACTED}) | \$ 491,658.16   |
| Schwab IRA Rollover ({REDACTED}) | \$ 1,247,202.49 |
| Truist Money Market Account      | \$ 22,299.81    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor             | Address of Creditor                  | Amount of Liability |
|------------------------------|--------------------------------------|---------------------|
| Driveway Finance Corp.       | PO Box 23605 Portland OR 97281       | \$ 11,333.63        |
| Lakeview Mortgage            | PO Box 80-68 Virginia Beach VA 23450 | \$ 198,622.26       |
| Carrington Mortgage Services | PO Box 7015, Pasadena CA 91109 CA    | \$ 409,950.08       |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A              |                     |                     |

**Income**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

**PRIMARY SOURCES OF INCOME:**

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount |
|--------------------------------------------|-----------------------------|--------|
| See Attached                               |                             |        |

**SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):**

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| See Attached            |                                           |                   |                                       |

**Interests in Specified Businesses****Business Entity # 1**

N/A

**Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

***Raul Antonio Cuervo***

Digitally signed: 04/04/2026

Filed with COE: 04/04/2026

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20 \_\_\_\_ See separate instructions.

|                                                                                                  |                                                    |                                          |                                                                                                                                                                                                                                                    |                               |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Your first name and middle initial<br><b>RAUL A</b>                                              |                                                    | Last name<br><b>CUERVO</b>               | Your social security number<br><b>[REDACTED]</b>                                                                                                                                                                                                   |                               |
| If joint return, spouse's first name and middle initial<br><b>[REDACTED]</b>                     |                                                    | Last name<br><b>CUERVO</b>               | Spouse's social security number<br><b>[REDACTED]</b>                                                                                                                                                                                               |                               |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>[REDACTED]</b> |                                                    | Apt. no.<br><b>[REDACTED]</b>            | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want S3 to go to this fund.<br>Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |                               |
| City, town, or post office. If you have a foreign address, also complete spaces below.           |                                                    | State<br><b>[REDACTED]</b>               |                                                                                                                                                                                                                                                    | ZIP code<br><b>[REDACTED]</b> |
| Foreign country name<br><b>[REDACTED]</b>                                                        | Foreign province/state/county<br><b>[REDACTED]</b> | Foreign postal code<br><b>[REDACTED]</b> |                                                                                                                                                                                                                                                    |                               |

**Filing Status** ☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)  
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_  
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): \_\_\_\_\_

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No  
**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☒ Spouse itemizes on a separate return or you were a dual-status alien  
 Age/Blindness ☐ You: ☒ Were born before January 2, 1960 ☐ Are blind  
                     ☐ Spouse: ☒ Was born before January 2, 1960 ☐ Is blind

| (1) First name                                                                         |  | (2) Social security no. | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|----------------------------------------------------------------------------------------|--|-------------------------|-------------------------|--------------------------------------------------------|-----------------------------|
| Last name                                                                              |  |                         |                         | Child tax credit                                       | Credit for other dependents |
| If more than four dependents, see instructions and check here <input type="checkbox"/> |  |                         |                         |                                                        |                             |
| [REDACTED]                                                                             |  |                         |                         |                                                        |                             |
| [REDACTED]                                                                             |  |                         |                         |                                                        |                             |

|                                                                                                                                  |                                                                                                                      |                                                                                     |        |                                |         |        |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------|--------------------------------|---------|--------|
| <b>Income</b>                                                                                                                    |                                                                                                                      | 1a Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                |        | 1a                             | 175,100 |        |
|                                                                                                                                  |                                                                                                                      | b Household employee wages not reported on Form(s) W-2 . . . . .                    |        | 1b                             |         |        |
|                                                                                                                                  |                                                                                                                      | c Tip income not reported on line 1a (see instructions) . . . . .                   |        | 1c                             |         |        |
|                                                                                                                                  |                                                                                                                      | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . |        | 1d                             |         |        |
|                                                                                                                                  |                                                                                                                      | e Taxable dependent care benefits from Form 2441, line 26 . . . . .                 |        | 1e                             |         |        |
|                                                                                                                                  |                                                                                                                      | f Employer-provided adoption benefits from Form 8839, line 29 . . . . .             |        | 1f                             |         |        |
|                                                                                                                                  |                                                                                                                      | g Wages from Form 8919, line 6 . . . . .                                            |        | 1g                             |         |        |
|                                                                                                                                  |                                                                                                                      | h Other earned income (see instructions) . . . . .                                  |        | 1h                             |         |        |
|                                                                                                                                  |                                                                                                                      | i Nontaxable combat pay election (see instructions) . . . . .                       |        | 1i                             |         |        |
|                                                                                                                                  |                                                                                                                      | z Add lines 1a through 1h . . . . .                                                 |        | 1z                             | 175,100 |        |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | 2a Tax-exempt interest . . . . .                                                                                     | 2a                                                                                  |        | b Taxable interest . . . . .   | 2b      | 789    |
|                                                                                                                                  | 3a Qualified dividends . . . . .                                                                                     | 3a                                                                                  |        | b Ordinary dividends . . . . . | 3b      |        |
|                                                                                                                                  | 4a IRA distributions . . . . .                                                                                       | 4a                                                                                  |        | b Taxable amount . . . . .     | 4b      |        |
|                                                                                                                                  | 5a Pensions and annuities . . . . .                                                                                  | 5a                                                                                  | 23,854 | b Taxable amount . . . . .     | 5b      | 8,850  |
|                                                                                                                                  | 6a Social security benefits . . . . .                                                                                | 6a                                                                                  | 60,895 | b Taxable amount . . . . .     | 6b      | 51,761 |
|                                                                                                                                  | c If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/> |                                                                                     |        |                                |         |        |

|                                                                                          |                                 |                                                                                                                                                              |     |         |
|------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
|                                                                                          | 7                               | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>                                                  | 7   |         |
|                                                                                          | 8                               | Additional income from Schedule 1, line 10                                                                                                                   | 8   |         |
|                                                                                          | 9                               | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                                                                 | 9   | 236,500 |
|                                                                                          | 10                              | Adjustments to income from Schedule 1, line 26                                                                                                               | 10  |         |
| <b>Standard Deduction</b><br>See Standard Deduction Chart on the last page of this form. | 11                              | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                                                                      | 11  | 236,500 |
|                                                                                          | 12                              | <b>Standard deduction or itemized deductions</b> (from Schedule A)                                                                                           | 12  | 41,573  |
|                                                                                          | 13                              | Qualified business income deduction from Form 8995 or Form 8995-A                                                                                            | 13  |         |
|                                                                                          | 14                              | Add lines 12 and 13                                                                                                                                          | 14  | 41,573  |
|                                                                                          | 15                              | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>                                                                | 15  | 194,927 |
| <b>Tax and Credits</b>                                                                   | 16                              | <b>Tax</b> (see instructions). Check if any from:<br>1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> | 16  | 32,990  |
|                                                                                          | 17                              | Amount from Schedule 2, line 3                                                                                                                               | 17  |         |
|                                                                                          | 18                              | Add lines 16 and 17                                                                                                                                          | 18  | 32,990  |
|                                                                                          | 19                              | Child tax credit or credit for other dependents from Schedule 8812                                                                                           | 19  |         |
|                                                                                          | 20                              | Amount from Schedule 3, line 8                                                                                                                               | 20  |         |
|                                                                                          | 21                              | Add lines 19 and 20                                                                                                                                          | 21  |         |
|                                                                                          | 22                              | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                                    | 22  | 32,990  |
|                                                                                          | 23                              | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                         | 23  |         |
|                                                                                          | 24                              | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                           | 24  | 32,990  |
| <b>Payments</b>                                                                          | 25                              | Federal income tax withheld from:                                                                                                                            |     |         |
|                                                                                          | a                               | Form(s) W-2                                                                                                                                                  | 25a | 25,042  |
|                                                                                          | b                               | Form(s) 1099                                                                                                                                                 | 25b | 11,920  |
|                                                                                          | c                               | Other forms (see instructions)                                                                                                                               | 25c |         |
|                                                                                          | d                               | Add lines 25a through 25c                                                                                                                                    | 25d | 36,962  |
|                                                                                          | 26                              | 2024 estimated tax payments and amount applied from 2023 return                                                                                              | 26  |         |
|                                                                                          | 27                              | Earned income credit (EIC)                                                                                                                                   | 27  |         |
|                                                                                          | 28                              | Additional child tax credit from Schedule 8812                                                                                                               | 28  |         |
|                                                                                          | 29                              | American opportunity credit from Form 8863, line 8                                                                                                           | 29  |         |
|                                                                                          | 30                              | Reserved for future use                                                                                                                                      | 30  |         |
| 31                                                                                       | Amount from Schedule 3, line 15 | 31                                                                                                                                                           |     |         |
|                                                                                          | 32                              | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>                                                              | 32  |         |
|                                                                                          | 33                              | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                                                                              | 33  | 36,962  |

Go to [www.irs.gov/Form1040SR](https://www.irs.gov/Form1040SR) for instructions and the latest information.

Form 1040-SR (2024)

**SCHEDULE A**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR

RAUL A & CUERVO

Your social security no.

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

- |   |                                                                                 |   |         |
|---|---------------------------------------------------------------------------------|---|---------|
| 1 | Medical and dental expenses (see instructions) . . . . .                        | 1 |         |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11. . . . .                        | 2 | 236,500 |
| 3 | Multiply line 2 by 7.5% (0.075) . . . . .                                       | 3 | 17,738  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . | 4 | 0       |

**Taxes You Paid**

- |   |                                                                                                                                                                                                                                                                             |    |        |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 5 | State and local taxes. . . . .                                                                                                                                                                                                                                              |    |        |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/> . . . . . | 5a | 1,439  |
| b | State and local real estate taxes (see instructions) <b>SEE ATTACHED</b> . . . . .                                                                                                                                                                                          | 5b | 14,350 |
| c | State and local personal property taxes . . . . .                                                                                                                                                                                                                           | 5c |        |
| d | Add lines 5a through 5c . . . . .                                                                                                                                                                                                                                           | 5d | 15,789 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .                                                                                                                                                                                   | 5e | 10,000 |
| 6 | Other taxes. List type and amount: . . . . .                                                                                                                                                                                                                                | 6  |        |
| 7 | Add lines 5e and 6 . . . . .                                                                                                                                                                                                                                                | 7  | 10,000 |

**Interest You Paid**

**Caution:**  
Your mortgage interest deduction may be limited. See instructions.

- |    |                                                                                                                                                                                                                                 |    |        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> . . . . .                              |    |        |
| a  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .                                                                                                                           | 8a | 27,781 |
| b  | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . . | 8b | 0      |
| c  | Points not reported to you on Form 1098. See instructions for special rules . . . . .                                                                                                                                           | 8c |        |
| d  | Reserved for future use . . . . .                                                                                                                                                                                               | 8d |        |
| e  | Add lines 8a through 8c . . . . .                                                                                                                                                                                               | 8e | 27,781 |
| 9  | Investment interest. Attach Form 4952 if required. See instructions . . . . .                                                                                                                                                   | 9  |        |
| 10 | Add lines 8e and 9 . . . . .                                                                                                                                                                                                    | 10 | 27,781 |

**Gifts to Charity**

**Caution:**  
If you made a gift and got a benefit for it, see instructions.

- |    |                                                                                                                                         |    |       |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions. <b>(See attached)</b> . . . . .                        | 11 | 3,642 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 . . . . . | 12 | 150   |
| 13 | Carryover from prior year . . . . .                                                                                                     | 13 |       |
| 14 | Add lines 11 through 13 . . . . .                                                                                                       | 14 | 3,792 |

**Casualty and Theft Losses**

- |    |                                                                                                                                                                                                        |    |   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . . | 15 | 0 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|

**Other Itemized Deductions**

- |    |                                                                   |    |  |
|----|-------------------------------------------------------------------|----|--|
| 16 | Other--from list in instructions. List type and amount: . . . . . | 16 |  |
|----|-------------------------------------------------------------------|----|--|

**Total**

- |    |                                                                                                                                    |    |        |
|----|------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . . | 17 | 41,573 |
|----|------------------------------------------------------------------------------------------------------------------------------------|----|--------|

**Itemized Deductions**

- |    |                                                                                                                                              |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> . . . . . |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2024

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

RAUL A &amp; CUERVO

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

|    | (a) Name               | (b) Enter P for partnership; S for S corp. | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if basis computation is required | (f) Check if any amount is not at risk |
|----|------------------------|--------------------------------------------|----------------------------------|------------------------------------|--------------------------------------------|----------------------------------------|
| 28 | DC BRAU BREWING CO LLC | P                                          |                                  | 27-1330861                         |                                            |                                        |
| A  |                        |                                            |                                  |                                    |                                            |                                        |
| B  |                        |                                            |                                  |                                    |                                            |                                        |
| C  |                        |                                            |                                  |                                    |                                            |                                        |
| D  |                        |                                            |                                  |                                    |                                            |                                        |

**Passive Income and Loss****Nonpassive Income and Loss**

|            | (g) Passive loss allowed (attach Form 8582 if required)                        | (h) Passive income from Schedule K-1 | (i) Nonpassive loss allowed (see Schedule K-1) | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 |
|------------|--------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------|--------------------------------------------------|-----------------------------------------|
| 29a Totals |                                                                                |                                      |                                                |                                                  |                                         |
| b Totals   |                                                                                |                                      |                                                |                                                  |                                         |
| 30         | Add columns (h) and (k) of line 29a.                                           |                                      |                                                |                                                  | 30                                      |
| 31         | Add columns (g), (i), and (j) of line 29b.                                     |                                      |                                                |                                                  | 31 ( )                                  |
| 32         | Total partnership and S corporation income or (loss). Combine lines 30 and 31. |                                      |                                                |                                                  | 32                                      |

**Part III Income or Loss From Estates and Trusts**

|    | (a) Name | (b) Employer identification number |
|----|----------|------------------------------------|
| 33 |          |                                    |
| A  |          |                                    |
| B  |          |                                    |

**Passive Income and Loss****Nonpassive Income and Loss**

|            | (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
|------------|----------------------------------------------------------------------|--------------------------------------|-----------------------------------------|------------------------------------|
| 34a Totals |                                                                      |                                      |                                         |                                    |
| b Totals   |                                                                      |                                      |                                         |                                    |
| 35         | Add columns (d) and (f) of line 34a.                                 |                                      |                                         | 35                                 |
| 36         | Add columns (c) and (e) of line 34b.                                 |                                      |                                         | 36 ( )                             |
| 37         | Total estate and trust income or (loss). Combine lines 35 and 36.    |                                      |                                         | 37                                 |

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

|    | (a) Name                                                                                          | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|----|---------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|
| 38 |                                                                                                   |                                    |                                                                   |                                                         |                                      |
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below |                                    |                                                                   |                                                         | 39                                   |

**Part V Summary**

|    |                                                                                                                                                                                                                                                                                                                              |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 40 | Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.                                                                                                                                                                                                                                               | 40 |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.                                                                                                                                                                                                   | 41 |
| 42 | Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.                                              | 42 |
| 43 | Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules. | 43 |

|                                   |                                                                                                                   |                                                                                                                                                                                    |     |       |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| Refund                            | 34                                                                                                                | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid.                                                                                   | 34  | 3,972 |
|                                   | 35a                                                                                                               | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>                                                                         | 35a | 3,972 |
|                                   | b Routing number [REDACTED] c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |                                                                                                                                                                                    |     |       |
| Direct deposit? See instructions. | d                                                                                                                 | Account number [REDACTED]                                                                                                                                                          |     |       |
|                                   | 36                                                                                                                | Amount of line 34 you want applied to your 2025 estimated tax ....                                                                                                                 | 36  |       |
| Amount You Owe                    | 37                                                                                                                | Subtract line 33 from line 24. This is the amount you owe.<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions. | 37  |       |
|                                   | 38                                                                                                                | Estimated tax penalty (see instructions).                                                                                                                                          | 38  |       |

|                      |                                                                                                                                                                                 |              |                                      |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------|
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS? See instructions. <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No |              |                                      |
|                      | Designee's name                                                                                                                                                                 | Phone no.    | Personal identification number (PIN) |
|                      | HRB TAX GROUP INC                                                                                                                                                               | 305-754-1463 | [REDACTED]                           |

|                                                               |                                                                                                                                                                                                                                                                                                                    |               |                     |                                                                                   |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------------------------------------------------------------------------|
| Sign Here                                                     | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |               |                     |                                                                                   |
|                                                               | Your signature                                                                                                                                                                                                                                                                                                     | Date          | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Joint return? See instructions. Keep a copy for your records. | Spouse's signature. If a joint return, both must sign.                                                                                                                                                                                                                                                             | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                                                               |                                                                                                                                                                                                                                                                                                                    |               | JUDGE               | [REDACTED]                                                                        |
|                                                               |                                                                                                                                                                                                                                                                                                                    |               | RETIRED             | [REDACTED]                                                                        |
|                                                               | Phone no.                                                                                                                                                                                                                                                                                                          | Email address |                     |                                                                                   |

|                        |                   |                                                  |              |           |                                                   |
|------------------------|-------------------|--------------------------------------------------|--------------|-----------|---------------------------------------------------|
| Paid Preparer Use Only | Preparer's name   | Preparer's signature                             | Date         | PTIN      | Check if:                                         |
|                        | Maria Esteban     |                                                  | 03-14-2025   | P00097670 | <input checked="" type="checkbox"/> Self-employed |
|                        | Firm's name       | Firm's address                                   |              | Phone no. | Firm's EIN                                        |
|                        | HRB TAX GROUP INC | 9013 9015 BISCAYNE BLVD<br>MIAMI SHORES FL 33138 | 305-754-1463 | 431871840 |                                                   |

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

Form 1040-SR (2024)

DO NOT FILE

## Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment  
Sequence No. 858

Identifying number

Name(s) shown on return

RAUL A & [REDACTED] CUERVO

**Part I 2024 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|                                                                                     |           |           |
|-------------------------------------------------------------------------------------|-----------|-----------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)).   | <b>1a</b> |           |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)).      | <b>1b</b> | ( )       |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)). | <b>1c</b> | ( )       |
| <b>d</b> Combine lines 1a, 1b, and 1c.                                              |           | <b>1d</b> |

### All Other Passive Activities

|           |                                                                           |           |        |
|-----------|---------------------------------------------------------------------------|-----------|--------|
| <b>2a</b> | Activities with net income (enter the amount from Part V, column (a)).    | 2a        |        |
| <b>b</b>  | Activities with net loss (enter the amount from Part V, column (b)).      | 2b        | ( 13 ) |
| <b>c</b>  | Prior years' unallowed losses (enter the amount from Part V, column (c)). | 2c        | ( )    |
| <b>d</b>  | Combine lines 2a, 2b, and 2c                                              | <b>2d</b> |        |

|                                                                                                                                                                                                                                                                                                                                                     |                 |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|
| <p><b>3</b> Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . .</p> | <p><b>3</b></p> | <p>-13</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|                                                                                                                                 |                                                                                                                             |   |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---|
| 4                                                                                                                               | Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .                                             | 4 |
| 5                                                                                                                               | Enter \$150,000. If married filing separately, see instructions . . . . .                                                   | 5 |
| 6                                                                                                                               | Enter modified adjusted gross income, but not less than zero. See instructions. . . . .                                     | 6 |
| <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. |                                                                                                                             |   |
| 7                                                                                                                               | Subtract line 6 from line 5 . . . . .                                                                                       | 7 |
| 8                                                                                                                               | Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . | 8 |
| 9                                                                                                                               | Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions . . . . .                        | 9 |

**Part III**      **Total Losses Allowed**

|    |                                                                                                                                                                         |    |   |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 10 | Add the income, if any, on lines 1a and 2a and enter the total . . . . .                                                                                                | 10 |   |
| 11 | <b>Total losses allowed from all passive activities for 2024.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return. . . . . | 11 | 0 |

**Part IV** Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity                                             | Current year                |                           | Prior years                     | Overall gain or loss |          |
|--------------------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                                              | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss |
|                                                              |                             |                           |                                 |                      |          |
|                                                              |                             |                           |                                 |                      |          |
|                                                              |                             |                           |                                 |                      |          |
|                                                              |                             |                           |                                 |                      |          |
|                                                              |                             |                           |                                 |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b,<br>and 1c. .... |                             |                           |                                 |                      |          |

For Paperwork Reduction Act Notice, see Instructions.

Form 8582 (2024)

**Part V** Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|-----------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                                     | (a) Net income<br>(line 2a) | (b) Net loss<br>(line 2b) | (c) Unallowed<br>loss (line 2c) | (d) Gain             | (e) Loss |
| DC BRAU BREWING CO LLC                              |                             | 13                        |                                 |                      | 13       |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c |                             | 13                        |                                 |                      |          |

**Part VI** Use This Part If an Amount Is Shown on Part II, Line 9. See instructions.

| Name of activity   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Ratio | (c) Special<br>allowance | (d) Subtract<br>column (c) from<br>column (a). |
|--------------------|--------------------------------------------------------------------------------|----------|-----------|--------------------------|------------------------------------------------|
|                    |                                                                                |          |           |                          |                                                |
|                    |                                                                                |          |           |                          |                                                |
|                    |                                                                                |          |           |                          |                                                |
|                    |                                                                                |          |           |                          |                                                |
|                    |                                                                                |          |           |                          |                                                |
| <b>Total</b> ..... |                                                                                |          | 1.00      |                          |                                                |

**Part VII** Allocation of Unallowed Losses. See instructions.

| Name of activity       | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------------|--------------------------------------------------------------------------------|----------|-----------|--------------------|
| DC BRAU BREWING CO LLC | SCH E LN28                                                                     | 13       | 1.00000   | 13                 |
|                        |                                                                                |          |           |                    |
|                        |                                                                                |          |           |                    |
|                        |                                                                                |          |           |                    |
| <b>Total</b> .....     |                                                                                | 13       | 1.00      | 13                 |

**Part VIII** Allowed Losses. See instructions.

| Name of activity       | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------------|--------------------------------------------------------------------------------|----------|--------------------|------------------|
| DC BRAU BREWING CO LLC | SCH E LN28                                                                     | 13       | 13                 |                  |
|                        |                                                                                |          |                    |                  |
|                        |                                                                                |          |                    |                  |
|                        |                                                                                |          |                    |                  |
| <b>Total</b> .....     |                                                                                | 13       | 13                 |                  |

Form 8582 (2024)



## Rollover IRA of

RAUL ANTONIO CUERVO  
CHARLES SCHWAB & CO INC CUST  
IRA ROLLOVER

### Your Consultant

Braulio Diaz  
VP - Financial Consultant  
1 305-755-5303  
braulio.diaz@schwab.com

### Manage Your Account

**Customer Service and Trading:**  
Call your Schwab Representative  
1-800-435-4000  
24/7 Customer Service

For the most current records on your account  
visit [schwab.com/login](http://schwab.com/login). Statements are  
archived up to 10 years online.

### Commitment to Transparency

Client Relationship Summaries and Best Interest  
disclosures are at [schwab.com/transparency](http://schwab.com/transparency).  
Charles Schwab & Co., Inc. Member SIPC.

### Online Assistance

Visit us online at [schwab.com](http://schwab.com)

Visit [schwab.com/smart](http://schwab.com/smart) to explore the features  
and benefits of this statement.

RAUL ANTONIO CUERVO  
CHARLES SCHWAB & CO INC CUST  
IRA ROLLOVER

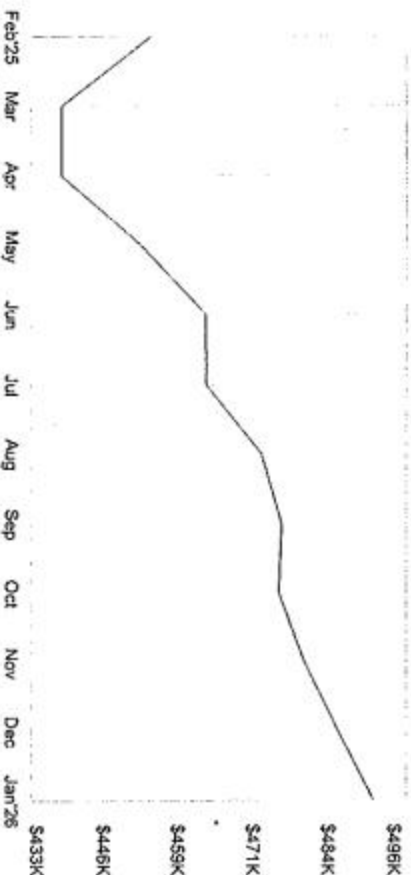
Account Number

Statement Period  
January 1-31, 2026

## Account Summary

Ending Account Value as of 01/31  
**\$491,658.16**

Beginning Account Value as of 01/01  
**\$485,597.47**



This Statement

YTD

|                                    |              |              |
|------------------------------------|--------------|--------------|
| Beginning Account Value            | \$485,597.47 | \$485,597.47 |
| Deposits                           | 0.00         | 0.00         |
| Withdrawals                        | 0.00         | 0.00         |
| Dividends and Interest             | 70.90        | 70.90        |
| Market Appreciation/(Depreciation) | 5,989.79     | 5,989.79     |
| Expenses                           | 0.00         | 0.00         |
| Ending Account Value               | \$491,658.16 | \$491,658.16 |

Account Ending Value reflects the market value of your cash and investments. It does not include pending transactions, unpriced securities or assets held outside Schwab's custody.

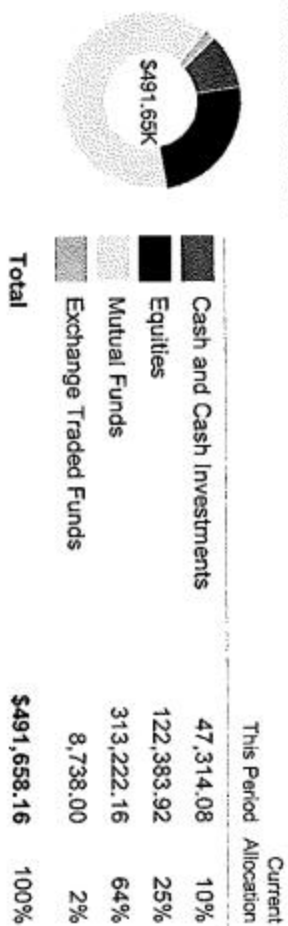


**Rollover IRA of**  
**RAUL ANTONIO CUERVO**  
**CHARLES SCHWAB & CO INC CUST**  
**IRA ROLLOVER**

Account Number

Statement Period  
January 1-31, 2026

### Asset Allocation



### Top Account Holdings This Period

| SYMBOL<br>CUSIP | Description                  | Market<br>Value | % of<br>Accounts |
|-----------------|------------------------------|-----------------|------------------|
| SWHRX           | SCHWAB TARGET 2025           | 188,075.78      | 38%              |
| DODGX           | DODGE & COX STOCK I          | 91,616.25       | 19%              |
|                 | CHARLES SCHWAB BANK          | 47,314.08       | 10%              |
| WMT             | WALMART INC                  | 35,742.00       | 7%               |
| PRISX           | T. ROWE PRICE FINANCIAL S... | 33,530.13       | 7%               |

### Gain or (Loss) Summary

| All Positions |      |             |
|---------------|------|-------------|
|               | Gain | (Loss)      |
| This Period   | 0.00 | 0.00        |
| YTD           | 0.00 | 0.00        |
| Unrealized    |      | \$39,272.13 |

Values may not reflect all of your gains/losses. Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Please login to your account at Schwab.com for real-time gain/loss information. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

### Income Summary



|                     |                |                |
|---------------------|----------------|----------------|
| Bank Sweep Interest | 0.40           | 0.40           |
| Cash Dividends      | 70.50          | 70.50          |
| <b>Total Income</b> | <b>\$70.90</b> | <b>\$70.90</b> |

|                       |             |             |
|-----------------------|-------------|-------------|
| Retirement Details    |             |             |
| Contributions         | 2025        | 2026        |
| <b>Total YTD (\$)</b> | <b>0.00</b> | <b>0.00</b> |



**Rollover IRA of**  
**RAUL ANTONIO CUERVO**  
**CHARLES SCHWAB & CO INC CUST**  
**IRA ROLLOVER**

Account Number [REDACTED]  
 Statement Period  
 January 1-31, 2026

## Positions - Summary

| Beginning Value<br>as of 01/01 | + | Transfer of<br>Securities(In/Out) | + | Dividends<br>Reinvested | + | Cash Activity | + | Change in<br>Market Value | = | Ending Value<br>as of 01/31 | Cost Basis   | Unrealized<br>Gain/(Loss) |
|--------------------------------|---|-----------------------------------|---|-------------------------|---|---------------|---|---------------------------|---|-----------------------------|--------------|---------------------------|
| \$485,597.47                   |   | \$0.00                            |   | \$0.00                  |   | \$70.90       |   | \$5,989.79                |   | \$491,658.16                | \$405,071.95 | \$39,272.13               |

Values may not reflect all of your gains/losses. Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

## Cash and Cash Investments

| Type                                   | Symbol | Description               | Quantity | Price(\$) | Beginning<br>Balance(\$) | Ending<br>Balance(\$) | Change in Period<br>Balance(\$) | Pending/Unsettled<br>Cash(\$) | Interest/<br>Yield Rate | % of<br>Acct |
|----------------------------------------|--------|---------------------------|----------|-----------|--------------------------|-----------------------|---------------------------------|-------------------------------|-------------------------|--------------|
| Bank Sweep                             |        | CHARLES SCHWAB<br>BANK xz |          |           | 47,243.18                | 47,314.08             | 70.90                           |                               | 0.01%                   | 10%          |
| <b>Total Cash and Cash Investments</b> |        |                           |          |           | <b>\$47,243.18</b>       | <b>\$47,314.08</b>    | <b>\$70.90</b>                  |                               |                         | <b>10%</b>   |

## Positions - Equities

| Symbol                | Description                                                           | Quantity | Price(\$) | Market Value(\$)    | Cost Basis(\$)     | Unrealized<br>Gain/(Loss)(\$) | Est.<br>Yield | Est Annual<br>Income(\$) | % of<br>Acct |
|-----------------------|-----------------------------------------------------------------------|----------|-----------|---------------------|--------------------|-------------------------------|---------------|--------------------------|--------------|
| NCBDY                 | BANDAI NAMCO HLDGS INC F<br>UNSPONSORED ADR<br>1 ADR REPS 0.5 ORD SHS | 600.0000 | 12.85000  | 7,710.00            | 6,806.95           | 903.05                        | 1.14%         | 87.92                    | 2%           |
| KNX                   | KNIGHT-SWIFT TRANSN HLDG                                              | 199.0000 | 55.10000  | 10,964.90           | 9,657.47           | 1,307.43                      | 1.3%          | 143.28                   | 2%           |
| MCD                   | MCDONALDS CORP                                                        | 100.0000 | 315.00000 | 31,500.00           | 23,000.00          | 8,500.00                      | 2.36%         | 744.00                   | 6%           |
| MSFT                  | MICROSOFT CORP °                                                      | 51.9848  | 430.29000 | 22,368.54           | 13,341.79          | 9,026.75                      | 0.84%         | 189.22                   | 5%           |
| ODFL                  | OLD DOMINION FREIGHT LIN °                                            | 81.4000  | 173.20000 | 14,098.48           | 10,357.80          | 3,740.68                      | 0.64%         | 91.17                    | 3%           |
| WMT                   | WALMART INC                                                           | 300.0000 | 119.14000 | 35,742.00           | 13,963.00          | 21,779.00                     | 0.78%         | 282.00                   | 7%           |
| <b>Total Equities</b> |                                                                       |          |           | <b>\$122,383.92</b> | <b>\$77,127.01</b> | <b>\$45,256.91</b>            |               | <b>\$1,537.59</b>        | <b>25%</b>   |



Rollover IRA of  
RAUL ANTONIO CUERVO  
CHARLES SCHWAB & CO INC CUST  
IRA ROLLOVER

Account Number  
Statement Period  
January 1-31, 2026

## Positions - Mutual Funds

| Symbol             | Description                                      | Quantity    | Price(\$) | Market Value(\$) | Cost Basis(\$) | Unrealized Gain/(Loss)(\$) | % of Acct |
|--------------------|--------------------------------------------------|-------------|-----------|------------------|----------------|----------------------------|-----------|
| DODGX              | DODGE & COX STOCK I <sup>o</sup>                 | 5,440.3950  | 16.84000  | 91,616.25        | 81,328.54      | 10,287.71                  | 19%       |
| SWHRX              | SCHWAB TARGET 2025 <sup>o</sup>                  | 12,682.1160 | 14.83000  | 188,075.78       | 203,175.55     | (15,099.77)                | 38%       |
| PRISX              | T. ROWE PRICE FINANCIAL <sup>o</sup><br>SERVICES | 712.3460    | 47.07000  | 33,530.13        | 25,885.57      | 7,644.56                   | 7%        |
| Total Mutual Funds |                                                  |             |           | \$313,222.16     | \$310,389.66   | \$2,832.50                 | 64%       |

## Positions - Exchange Traded Funds

| Symbol                      | Description               | Quantity | Price(\$) | Market Value(\$) | Cost Basis(\$) | Unrealized Gain/(Loss)(\$) | Est. Yield | Est. Annual Income(\$) | % of Acct |
|-----------------------------|---------------------------|----------|-----------|------------------|----------------|----------------------------|------------|------------------------|-----------|
| TPOR                        | DIREXION DLY TRANSPRTN BL | 200.0000 | 32.09000  | 6,418.00         | 9,005.94       | (2,587.94)                 | 0.35%      | 23.06                  | 1%        |
| BITO                        | PROSHARES BITCOIN ETF     | 200.0000 | 11.60000  | 2,320.00         | 8,549.34       | (6,229.34)                 | 76.87%     | 1,783.57               | <1%       |
| Total Exchange Traded Funds |                           |          |           | \$8,738.00       | \$17,555.28    | (\$8,817.28)               |            | \$1,806.63             | 2%        |

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only and are derived from information provided by outside parties. Schwab cannot guarantee the accuracy of such information. Since the interest and dividends are subject to change at any time, they should not be relied upon exclusively for making investment decisions. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

## Transactions - Summary

|                             |   |          |   |             |   |           |   |                   |   |                    |   |          |   |                          |
|-----------------------------|---|----------|---|-------------|---|-----------|---|-------------------|---|--------------------|---|----------|---|--------------------------|
| Beginning Cash* as of 01/01 | + | Deposits | + | Withdrawals | + | Purchases | + | Sales/Redemptions | + | Dividends/Interest | + | Expenses | = | Ending Cash* as of 01/31 |
| \$47,243.18                 |   | \$0.00   |   | \$0.00      |   | \$0.00    |   | \$0.00            |   | \$70.90            |   | \$0.00   |   | \$47,314.08              |

Other Activity \$0.00 Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.

\*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

## Transaction Details

| Date  | Category | Action         | Symbol/<br>CUSIP | Description | Quantity | Price/Rate<br>per Share(\$) | Charges/<br>Interest(\$) | Amount(\$) | Realized<br>Gain/(Loss)(\$) |
|-------|----------|----------------|------------------|-------------|----------|-----------------------------|--------------------------|------------|-----------------------------|
| 01/05 | Dividend | Qual. Dividend | WMT              | WALMART INC |          |                             |                          | 70.50      |                             |



**Rollover IRA of**  
**RAUL ANTONIO CUERVO**  
**CHARLES SCHWAB & CO INC CUST**  
**IRA ROLLOVER**

**Account Number**  
 [REDACTED]  
**Statement Period**  
 January 1-31, 2026

## Transaction Details (continued)

| Date  | Category | Action           | Symbol/<br>CUSIP | Description            | Quantity | Price/Rate<br>per Share(\$) | Charges/<br>Interest(\$) | Amount(\$) | Realized<br>Gain/(Loss)(\$) |
|-------|----------|------------------|------------------|------------------------|----------|-----------------------------|--------------------------|------------|-----------------------------|
| 01/16 | Interest | Bank Interest XZ |                  | BANK INT 121625-011526 |          |                             |                          | 0.40       |                             |

## Total Transactions

Date column represents the Settlement/Process date for each transaction.

**\$70.90**

## Bank Sweep Activity

| Date  | Description                            | Amount      | Date  | Description       | Amount      |
|-------|----------------------------------------|-------------|-------|-------------------|-------------|
| 01/01 | Beginning Balance XZ                   | \$47,243.18 | 01/31 | Ending Balance XZ | \$47,314.08 |
| 01/05 | BANK CREDIT FROM BROKERAGE X           | 70.50       | 01/30 | Interest Rate *Z  | 0.01%       |
| 01/15 | BANK INTEREST - CHARLES SCHWAB BANK XZ | 0.40        |       |                   |             |

\* Your interest period was 12/16/25 - 01/15/26. Z

## Endnotes For Your Account

- ◇ Dividends paid on this security will be automatically reinvested.
- X Bank Sweep deposits are held at one or more FDIC-insured Program Banks. Charles Schwab & Co., Inc. is not an FDIC-insured bank and deposit insurance covers the failure of an insured bank. Certain conditions must be satisfied for FDIC insurance coverage to apply. Please review the Cash Features Program Disclosure Statement for a list of the Program Banks at [schwab.com/cashfeaturesdisclosure](http://schwab.com/cashfeaturesdisclosure).

## Terms and Conditions

**GENERAL INFORMATION AND KEY TERMS:** This Account statement is furnished solely by Charles Schwab & Co., Inc. ("Schwab") for your Account at Schwab ("Account"). Unless otherwise defined herein, capitalized terms have the same meanings as in your Account Agreement. If you receive any other communication from any source other than Schwab which purports to represent your holdings at Schwab (including balances held at a Depository Institution) you should verify its content with this statement. **Accrued Income:** Accrued Income is the sum of the total accrued interest and/or accrued dividends on positions held in your Account, but the interest and/or dividends have not been received into your Account. Schwab makes no representation that the amounts shown (or any other amount) will be received. Accrued amounts are not covered by SIPC account protection until actually received and held in the Account. **AIP (Automatic Investment Plan) Customers:** Schwab receives remuneration in connection with certain transactions effected through Schwab. If you participate in a systematic investment program through Schwab, the additional information normally detailed on a trade confirmation will be provided upon request. **Average Daily Balance:** Average daily composite of all cash balances that earn interest and all loans from Schwab that are charged interest. **Bank Sweep and Bank Sweep for Benefit Plans Features:** Schwab

- Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

acts as your agent and custodian in establishing and maintaining your Deposit Account(s) as a feature of your brokerage Account(s). Deposit accounts held through these bank sweep features constitute direct obligations of one or more FDIC insured banks ("Program Banks") that are not obligations of Schwab. Funds swept to Program Banks are eligible for deposit insurance from the FDIC up to the applicable limits for each bank for funds held in the same insurable capacity. The balance in the Deposit Accounts can be withdrawn on your order and the proceeds returned to your brokerage Account or remitted to you as provided in your Account Agreement. For information on FDIC insurance and its limits, as well as other important disclosures about the bank sweep feature(s) in your Account(s), please refer to the Cash Features Disclosure Statement available online or from a Schwab representative. **Cash:** Any Free Credit Balance owed by us to you payable upon demand which, although accounted for on our books of record, is not segregated and may be used in the conduct of this firm's business. **Dividend Reinvestment Customers:** Dividend reinvestment transactions were effected by Schwab acting as a principal for its own account, except for the reinvestment of Schwab dividends, for which an independent broker-dealer acted as the buying agent. Further information on these transactions will be furnished upon written request. **Gain (or**



**Rollover IRA of**  
**RAUL ANTONIO CUERVO**  
**CHARLES SCHWAB & CO INC CUST**  
**IRA ROLLOVER**

Account Number  
[REDACTED]  
Statement Period  
January 1-31, 2026

**Account Summary**

Ending Account Value as of 01/31  
**\$1,247,202.49**

Beginning Account Value as of 01/01  
**\$1,225,443.74**

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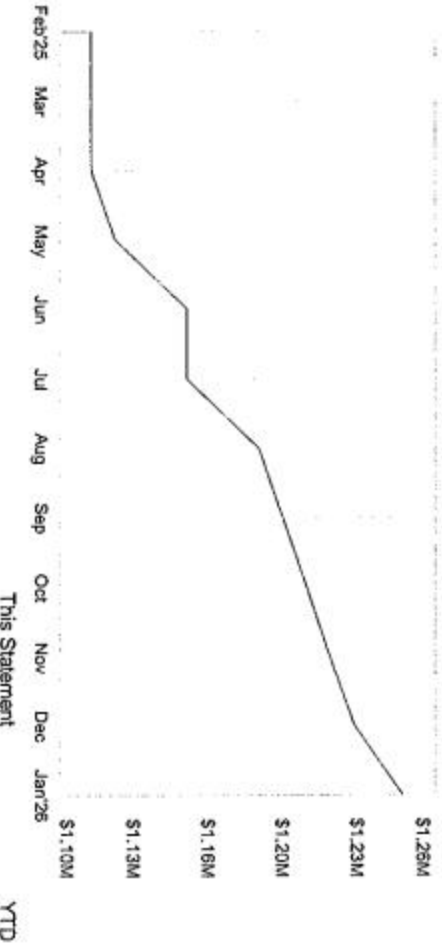
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RAUL ANTONIO CUERVO  
CHARLES SCHWAB & CO INC CUST  
IRA ROLLOVER  
[REDACTED]



|                                    |                |                |
|------------------------------------|----------------|----------------|
| Beginning Account Value            | \$1,225,443.74 | \$1,225,443.74 |
| Deposits                           | 0.00           | 0.00           |
| Withdrawals                        | 0.00           | 0.00           |
| Dividends and Interest             | 548.54         | 548.54         |
| Market Appreciation/(Depreciation) | 21,210.21      | 21,210.21      |
| Expenses                           | 0.00           | 0.00           |
| Ending Account Value               | \$1,247,202.49 | \$1,247,202.49 |

Account Ending Value reflects the market value of your cash and investments. It does not include pending transactions, unpriced securities or assets held outside Schwab's custody.



**Rollover IRA of**  
RAUL ANTONIO CUERVO  
CHARLES SCHWAB & CO INC CUST  
IRA ROLLOVER

Account Number  
[REDACTED]  
Statement Period  
January 1-31, 2026

### Top Account Holdings This Period

| SYMBOL<br>CUSIP | Description              | Market<br>Value | % of<br>Accounts |
|-----------------|--------------------------|-----------------|------------------|
| SCHR            | SCHWAB INTERMEDIATE TERM | 282,212.99      | 23%              |
| SMBS            | SCHWAB MORTG BACKD       | 193,213.66      | 15%              |
|                 | CHARLES SCHWAB BANK      | 186,761.14      | 15%              |
| SCHI            | SCHWAB 5 10 YEAR CORP    | 113,212.36      | 9%               |
| FNDX            | SCHWAB FUNDMNTL US LARGE | 74,156.94       | 6%               |

### Gain or (Loss) Summary

| All Positions |      |              |
|---------------|------|--------------|
|               | Gain | (Loss)       |
| This Period   | 0.00 | 0.00         |
| YTD           |      | 0.00         |
| Unrealized    |      | \$137,229.80 |

Values may not reflect all of your gains/losses. Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Please login to your account at Schwab.com for real-time gain/loss information. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

### Income Summary



|                           |                 |                 |
|---------------------------|-----------------|-----------------|
| Schwab Bank Savings Sweep | 548.54          | 548.54          |
| Interest                  |                 |                 |
| <b>Total Income</b>       | <b>\$548.54</b> | <b>\$548.54</b> |

### Retirement Details

| Contributions         | 2025        | 2026        |
|-----------------------|-------------|-------------|
| <b>Total YTD (\$)</b> | <b>0.00</b> | <b>0.00</b> |

### Positions - Summary

| Beginning Value<br>as of 01/01 | Transfer of<br>Securities(In/Out) | Dividends<br>Reinvested | Cash Activity | Change in<br>Market Value | Ending Value<br>as of 01/31 | Cost Basis   | Unrealized<br>Gain/(Loss) |
|--------------------------------|-----------------------------------|-------------------------|---------------|---------------------------|-----------------------------|--------------|---------------------------|
| \$1,225,443.74                 | \$0.00                            | \$0.00                  | \$548.54      | \$21,210.21               | \$1,247,202.49              | \$923,211.55 | \$137,229.80              |

Values may not reflect all of your gains/losses. Cost basis may change and be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional gain or (loss) information refer to Terms and Conditions.



Rollover IRA of  
RAUL ANTONIO CUERVO  
CHARLES SCHWAB & CO INC CUST  
IRA ROLLOVER

Account Number  
Statement Period  
January 1-31, 2026

## Cash and Cash Investments

| Type                            | Symbol                            | Description | Quantity | Price(\$) | Beginning Balance(\$) | Ending Balance(\$) | Change in Period Balance(\$) | Pending/Unsettled Cash(\$) | Interest/ Yield Rate | % of Acct |
|---------------------------------|-----------------------------------|-------------|----------|-----------|-----------------------|--------------------|------------------------------|----------------------------|----------------------|-----------|
| Cash                            |                                   |             |          |           | (90.00)               | 0.00               | 90.00                        | 0.00                       |                      |           |
| Schwab Bank Sweep               | CHARLES SCHWAB BANK <sup>PA</sup> |             |          |           | 186,302.60            | 186,761.14         | 458.54                       |                            | 3.31%                | 15%       |
| Total Cash and Cash Investments |                                   |             |          |           | \$186,212.60          | \$186,761.14       | \$548.54                     |                            |                      | 15%       |

## Positions - Exchange Traded Funds

| Symbol | Description                | Quantity    | Price(\$) | Market Value(\$) | Cost Basis(\$) | Unrealized Gain/(Loss)(\$) | Est. Yield | Est. Annual Income(\$) | % of Acct |
|--------|----------------------------|-------------|-----------|------------------|----------------|----------------------------|------------|------------------------|-----------|
| SCHH   | CHARLES SCHWAB US REIT     | 560.0000    | 21.41000  | 11,989.60        | 11,278.03      | 711.57                     | 4.15%      | 487.73                 | <1%       |
| MBB    | ISHARES MBS ETF            | 1.0000      | 95.69000  | 95.69            | 91.47          | 4.22                       | N/A        | N/A                    | <1%       |
| SCHX   | SCHWAB EMERGING MARKETS    | 808.0000    | 34.39000  | 27,787.12        | 19,815.96      | 7,971.16                   | 5.28%      | 1,467.17               | 2%        |
| FNDX   | SCHWAB FUNDAMNTL INTRNL    | 1,246.0000  | 48.56000  | 60,505.76        | 38,546.45      | 21,959.31                  | 5.52%      | 3,340.53               | 5%        |
| FNDX   | SCHWAB FUNDAMNTL US SML    | 767.0000    | 33.35000  | 25,579.45        | 19,144.38      | 6,435.07                   | 1.82%      | 466.64                 | 2%        |
| FNDX   | SCHWAB FUNDAMNTL US LARGE  | 2,613.0000  | 28.38000  | 74,156.94        | 45,287.67      | 28,869.27                  | 1.72%      | 1,277.23               | 6%        |
| FNDX   | SCHWAB FUNDNTL EMRG MKT    | 1,122.0000  | 38.83000  | 43,567.26        | 29,753.42      | 13,813.84                  | 6.68%      | 2,914.06               | 3%        |
| FNDX   | SCHWAB FUNDNTL INTRNL SML  | 308.0000    | 47.45000  | 14,614.60        | 10,190.01      | 4,424.59                   | 6.42%      | 939.03                 | 1%        |
| SCYB   | SCHWAB HIGH YIELD BOND     | 436.0000    | 26.62000  | 11,606.32        | 11,379.56      | 226.76                     | 6.67%      | 774.86                 | <1%       |
| SCHX   | SCHWAB INTERMEDIATE TERM   | 11,257.0000 | 25.07000  | 282,212.99       | 281,048.73     | 1,164.26                   | 3.8%       | 10,739.18              | 23%       |
| SCHX   | SCHWAB INTERNATIONAL       | 1,164.0000  | 25.44000  | 29,612.16        | 20,184.62      | 9,427.54                   | 5.33%      | 1,578.38               | 2%        |
| SCHX   | SCHWAB INTERNATIONAL SMALL | 309.0000    | 48.81000  | 15,082.29        | 10,364.29      | 4,718.00                   | 6.44%      | 972.42                 | 1%        |
| SCHX   | SCHWAB MORTG BACKD         | 7,486.0000  | 25.81000  | 193,213.66       | 187,524.30     | 5,689.36                   | 4.87%      | 9,414.39               | 15%       |
| SCHX   | SCHWAB US LARGE CAP ETF    | 2,182.0000  | 27.24000  | 59,437.68        | 36,132.88      | 23,304.80                  | 1.18%      | 703.48                 | 5%        |
| SCHX   | SCHWAB US SMALL CAP ETF    | 744.0000    | 30.04000  | 22,349.76        | 19,066.94      | 3,282.82                   | 1.73%      | 387.18                 | 2%        |
| SCHX   | SCHWAB US TIPS ETF         | 768.0000    | 26.64000  | 20,459.52        | 23,267.94      | (2,808.42)                 | 7.95%      | 1,627.55               | 2%        |
| SCHX   | SCHWAB 5 10 YEAR CORP      | 4,918.0000  | 23.02000  | 113,212.36       | 109,234.27     | 3,978.09                   | 4.75%      | 5,382.26               | 9%        |



**Rollover IRA of**  
**RAUL ANTONIO CUERVO**  
**CHARLES SCHWAB & CO INC CUST**  
**IRA ROLLOVER**

Account Number [REDACTED] Statement Period  
 January 1-31, 2026

### Positions - Exchange Traded Funds (continued)

| Symbol                             | Description              | Quantity   | Price(\$) | Market Value(\$)      | Cost Basis(\$)      | Unrealized Gain/(Loss)(\$) | Est. Yield | Est. Annual Income(\$) | % of Acct  |
|------------------------------------|--------------------------|------------|-----------|-----------------------|---------------------|----------------------------|------------|------------------------|------------|
| EBND                               | SPDR BLOOMBG EMG MKRT    | 1,481.0000 | 21.66000  | 32,078.46             | 31,011.84           | 1,066.62                   | 6.32%      | 2,028.76               | 3%         |
| HAUZ                               | XTRACKERS INTER REAL EST | 496.0000   | 24.39150  | 12,098.18             | 9,978.78            | 2,119.40                   | 4.7%       | 568.84                 | <1%        |
| HYLB                               | XTRACKERS USD HIGH YIELD | 291.0000   | 37.05000  | 10,781.55             | 9,910.01            | 871.54                     | 6.76%      | 729.51                 | <1%        |
| <b>Total Exchange Traded Funds</b> |                          |            |           | <b>\$1,060,441.35</b> | <b>\$923,211.55</b> | <b>\$137,229.80</b>        |            | <b>\$45,809.20</b>     | <b>85%</b> |

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only and are derived from information provided by outside parties. Schwab cannot guarantee the accuracy of such information. Since the interest and dividends are subject to change at any time, they should not be relied upon exclusively for making investment decisions. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

### Transactions - Summary

| Beginning Cash* as of 01/01 | Deposits | Withdrawals | Purchases | Sales/Redemptions | Dividends/Interest | Expenses | Ending Cash* as of 01/31 |
|-----------------------------|----------|-------------|-----------|-------------------|--------------------|----------|--------------------------|
| \$186,212.60                | \$0.00   | \$0.00      | \$0.00    | \$0.00            | \$548.54           | \$0.00   | \$186,761.14             |

Other Activity **\$0.00** Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.

\*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

### Transaction Details

| Date  | Category | Action           | Symbol/<br>CUSIP | Description            | Quantity | Price/Rate<br>per Share(\$) | Changes/<br>Interest(\$) | Amount(\$) | Realized<br>Gain/(Loss)(\$) |
|-------|----------|------------------|------------------|------------------------|----------|-----------------------------|--------------------------|------------|-----------------------------|
| 01/16 | Interest | Bank Interest P4 |                  | BANK INT 121625-011526 |          |                             |                          | 548.54     |                             |

**Total Transactions** **\$548.54**

Date column represents the Settlement/Process date for each transaction.

### Schwab Bank Savings Sweep Activity

| Date  | Description                | Amount       | Date  | Description       | Amount       | Date  | Description      | Amount |
|-------|----------------------------|--------------|-------|-------------------|--------------|-------|------------------|--------|
| 01/01 | Beginning Balance P4       | \$186,302.60 | 01/15 | BANK INTEREST P4  | 548.54       | 01/30 | Interest Rate P4 | 3.31%  |
| 01/02 | BANK TRANSFER TO BROKERAGE | (90.00)      | 01/31 | Ending Balance P4 | \$186,761.14 |       |                  |        |