

FORM N-PX FILER INFORMATION	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB APPROVAL
Form N-PX	FORM N-PX ANNUAL REPORT OF PROXY VOTING RECORD	OMB Number: 3235-0582 Estimated average burden hours per response: 20.8

N-PX: Filer Information

Filer CIK:	<input type="text" value="0001279926"/>
Filer CCC:	<input type="text" value="*****"/>
Date of Report:	<input type="text" value="06/30/2024"/>
Are you a Registered Management Investment Company or an Institutional Manager?	<input type="text" value="Institutional Manager"/>
Filer Investment Company Type	<input type="text"/>
Is this a LIVE or TEST Filing?	<input type="text" value="LIVE"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>

Submission Contact Information

Name	<input type="text" value="Filing Department"/>
Phone	<input type="text" value="303-353-1945"/>
E-mail Address	<input type="text" value="file@securexfilings.com"/>

Notification Information

Notify via Filing Website only?	<input type="checkbox"/>
Notification E-mail Address:	<input type="text" value="file@securexfilings.com"/>

N-PX: Series/Class (Contract) Information

N-PX: Cover Page

Name and address of reporting person:

Name of reporting person (For registered management investment companies, provide exact name of registrant as specified in charter)	<input type="text" value="PACIFIC FINANCIAL GROUP INC"/>
Street 1	<input type="text" value="11811 NE FIRST STREET"/>
Street 2	<input type="text" value="SUITE 201"/>
City	<input type="text" value="BELLEVUE"/>
State/Country	<input type="text" value="WA"/>
Zip code and zip code extension or foreign postal code	<input type="text" value="98005"/>
Telephone number of reporting person, including area code:	<input type="text" value="4254217722"/>

Name and address of agent for service:

Name of agent for service	<input type="text" value="Linda Hoard"/>
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Street 1	11811 NE 1st Street
Street 2	
City	Bellevue
State/Country	WA
Zip code and zip code extension or foreign postal code	98005
Reporting Period:	Report for the year ended June 30, <input type="text" value="2024"/>
SEC Investment Company Act or Form 13F File Number:	<input type="text" value="028-10839"/>
CRD Number (if any):	<input type="text" value="000105203"/>
Other SEC File Number (if any):	<input type="text"/>
Legal Entity Identifier (if any):	<input type="text"/>

Report Type (check only one):

Confidential Treatment Requested. (The Institutional Manager has omitted from this public Form N-PX one or more proxy vote(s) for which it is requesting confidential treatment from the U.S. Securities and Exchange Commission pursuant to the instructions of this form):	<input type="checkbox"/> Registered Management Investment Company. <input type="checkbox"/> Fund Voting Report (Check here if the registered management investment company held one or more securities it was entitled to vote.) <input type="checkbox"/> Fund Notice Report (Check here if the registered management investment company did not hold any securities it was entitled to vote.)
	Institutional Manager. <input type="checkbox"/> Institutional Manager Voting Report (Check here if all proxy votes of this reporting manager are reported in this report.) <input checked="" type="checkbox"/> Institutional Manager Notice Report (Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below) <input type="checkbox"/> All proxy votes for which the manager exercised voting power are reported by other reporting persons <input type="checkbox"/> The reporting person did not exercise voting power for any reportable voting matter <input checked="" type="checkbox"/> The reporting person has a clearly disclosed policy of not voting and did not vote on any proxy voting matters <input type="checkbox"/> Institutional Manager Combination Report (Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).) <input type="checkbox"/>
Do you wish to provide explanatory information pursuant to Special Instruction B.4?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Additional information:	<input type="text"/>

N-PX: Signature Block

Reporting Person:	PACIFIC FINANCIAL GROUP INC
By (Signature):	/s/ Britini Jennings
By (Printed Signature):	/s/ Britini Jennings
By (Title):	Compliance Operations Manager
Date:	08/14/2024