

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
 John Thurston, Secretary of State
 500 Woodlane Street
 Little Rock, AR 72201
 Phone (501) 682-5070
 Fax (501) 682-3548

Calendar year covered 2023
 (Note: Filing covers the previous calendar year)

For assistance in completing
 this form contact:
 Arkansas Ethics Commission
 Phone (501) 324-9600
 Toll Free (800) 422-7773

Is this an amendment? Yes No

Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document. Do not file this form with the Arkansas Ethics Commission.

SECTION 1- NAME AND ADDRESS

Name CROWSON KAREN C
(Last) (First) (Middle)
 Address 10 S Caslas Ln. Hot Springs Village, AR 71909
(Street or P.O. Box Number) (City) (State) (Zip Code)
 Phone 501.860.3000
 Spouse's name MICHAEL CROWSON Michael R.
(Last) (First) (Middle)
 All names under which you and/or your spouse do business: Mike Crowson, Karen Crowson

SECTION 2- REASON FOR FILING

- Public Official _____
- Candidate Saline County Justice of the Peace - District 13
(office held) (office sought)
- District Judge _____
(name of district)
- City Attorney _____
(name of city)
- State Government: Agency Head/Department Director/Division Director _____
(name of agency/department/division)
- Chief of Staff or Chief Deputy _____
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission _____
(name of board/commission)
- School Board member _____
(name of school district)
- Candidate for school board _____
(name of school district)
- Public or Charter School Superintendent _____
(name of school district/school)
- Executive Director of Education Service Cooperative _____
(name of cooperative)
- Advertising and Promotion Commission member _____
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____
(name of research park authority board)

FILED
 PROBATE & COUNTY CLERK
 SALINE COUNTY
 JAN 11 PM 3:31

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.
 Revised 12/2017

SECTION 2- REASON FOR FILING (continued)

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
 - Planning board or commission _____
 - Airport board or commission _____
 - Water or Sewer board or commission _____
 - Utility board or commission _____
 - Civil Service commission _____

SECTION 3- SOURCE OF INCOME

List each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct.

a) Check appropriate box: More than \$1,000 More than \$12,500
Crye-Leike of Arkansas, Inc.
11600 Kanis Rd. Little Rock, AR 72211
Karen Crowson
(name of employer or source of income) (address)
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Assistant Broker
management of Benton Office

b) Check appropriate box: More than \$1,000 More than \$12,500
Selling Benton dot com
10 S Caslas Ln, Hot Springs Village, AR 71909
Karen Crowson
(name of employer or source of income) (address)
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received real estate
Sales Commission paid bi-monthly to my daughter and I.

c) Check appropriate box: More than \$1,000 More than \$12,500
Social Security Administration
Baltimore, Maryland
Karen Crowson and Michael Crowson
(name of employer or source of income) (address)
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received retirement income.

d) Fidelity - MORE THAN \$12,500 - Retirement IRA Income
Fidelity - Boston, MA (ACCOUNT HANDLED THRU Equitable Advisors/
1 Riverfront Place, No. Little Rock, AR 72114
Mike Crowson

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Revised 12/2017

SECTION 4- BUSINESS OR HOLDINGS

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

a) Check appropriate box: More than \$1,000 More than \$12,500
Selling Benton dot com, Inc.
(name of corporation, firm or enterprise)
10 S Caslas Ln, Hot Springs Village, AR 71909
(address)
Karen Crowson
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 5- OFFICE OR DIRECTORSHIP

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

a) Selling Benton dot com Inc
(name of business, corporation, firm, or enterprise)
10 S Castles Ln Hot Springs Village, AR 71909
(address)
Chairman
(office or directorship held)
Karen Crowson
(name of office holder)

b) _____
(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

SECTION 6- CREDITORS

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) Pennymac Loan Services
(name of creditor)
P.O. Box 514387, Los Angeles, CA 90051-4387
(address of creditor)

b) Chase Auto
(name of creditor)
P.O. Box 901076
(address of creditor)

c) _____
(name of creditor)

(address of creditor)

SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) _____
(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

b) _____
(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.
Revised 12/2017

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

a) _____
(name)

(address)

b) _____
(name)

(address)

SECTION 9- GIFTS

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

a) _____
(description of gift)

(date) (fair market value)

(source of gift)

b) _____
(description of gift)

(date) (fair market value)

(source of gift)

c) _____
(description of gift)

(date) (fair market value)

(source of gift)

d) _____
(description of gift)

(date) (fair market value)

(source of gift)

e) _____
(description of gift)

(date) (fair market value)

(source of gift)

SECTION 12- DIRECT REGULATION OF BUSINESS

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

a) _____
(name of business)

(governmental body which regulates or controls)

b) _____
(name of business)

(governmental body which regulates or controls)

c) _____
(name of business)

(governmental body which regulates or controls)

d) _____
(name of business)

(governmental body which regulates or controls)

SECTION 13- SALES TO GOVERNMENTAL BODY

List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more than 10% of the stock of the company.

a) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

b) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

c) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

d) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

I certify under penalty of false swearing that the above information is true and correct.

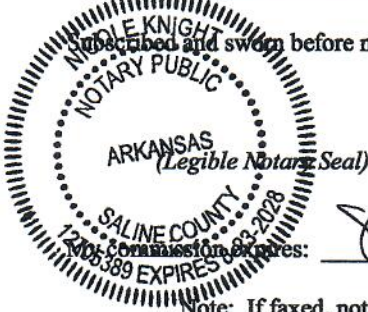
[Handwritten Signature]
Signature

STATE OF ARKANSAS

COUNTY OF Saline, ss

Subscribed and sworn before me this 17th day of January, 2024.

[Handwritten Signature]
Notary Public



8.23.28

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

IMPORTANT

Where to file:

- State or district candidates/public servants file with the Secretary of State.
- Appointees to state boards/commissions file with the Secretary of State.
- County, township, and school district candidates/public servants file with the county clerk.
- Municipal candidates/public servants file with the city clerk or recorder, as the case may be.
- City attorneys file with the city clerk of the municipality in which they serve.
- District judges file with the Secretary of State.
- Members of regional boards or commissions file with the county clerk of the county in which they reside.

General Information:

- * The Statement of Financial Interest should be filed by January 31 of each year.
- * The filing covers the previous calendar year.
- * Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31. In addition, if the party filing period ends before January 1 of the year of the general election, candidates for elective office shall file a Statement of Financial Interest for the previous calendar year by no later than January 31 of the year of the general election.
- * Agency heads, department directors, and division directors of state government shall file the Statement of Financial Interest within thirty (30) days of appointment or employment unless already filed by January 31.
- * Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- * If a person is included in any category listed above for any part of a calendar year, that person shall file a Statement of Financial Interest covering that period of time regardless of whether they have left their office or position as of the date the statement is due.

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.

STATEMENT OF FINANCIAL INTEREST

FILED
SALINE COUNTY
CLERK OF COURT
2024 JAN 2

State/District officials file with:
John Thurston, Secretary of State
500 Woodlane Street
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3548

Calendar year covered 2023
(Note: Filing covers the previous calendar year)

For assistance in completing
this form contact:
Arkansas Ethics Commission
Phone (501) 324-9600
Toll Free (800) 422-7773

Is this an amendment? Yes No

BY RW

Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document. Do not file this form with the Arkansas Ethics Commission.

SECTION 1- NAME AND ADDRESS

Name KECK KEITH ARTHUR
(Last) (First) (Middle)
Address 50 LANGO DRIVE HOT SPRINGS VILLAGE AN 71909
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone (501) 463-3239
Spouse's name KECK JULIE LOUISE
(Last) (First) (Middle)

All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official JUSTICE OF THE PEACE, SALINE COUNTY DISTRICT 13
(office held)
- Candidate _____
(office sought)
- District Judge _____
(name of district)
- City Attorney _____
(name of city)
- State Government: Agency Head/Department Director/Division Director _____
(name of agency/department/division)
- Chief of Staff or Chief Deputy _____
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission _____
(name of board/commission)
- School Board member _____
(name of school district)
- Candidate for school board _____
(name of school district)
- Public or Charter School Superintendent _____
(name of school district/school)
- Executive Director of Education Service Cooperative _____
(name of cooperative)
- Advertising and Promotion Commission member _____
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____
(name of research park authority board)

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.

SECTION 2- REASON FOR FILING (continued)

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
- Planning board or commission _____
 - Airport board or commission _____
 - Water or Sewer board or commission _____
 - Utility board or commission _____
 - Civil Service commission _____

SECTION 3- SOURCE OF INCOME

List each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or your spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct.

- a) Check appropriate box: More than \$1,000 More than \$12,500
- DEFENSE FINANCE AND ACCOUNTING SERVICE (US MILITARY RETIREMENT PAY)
(name of employer or source of income)
- 8899 E 56TH STREET
(address)
- INDIANAPOLIS, IN 46249 KEITH KECK
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received _____

- b) Check appropriate box: More than \$1,000 More than \$12,500
- _____
(name of employer or source of income)
- _____
(address)
- _____
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received _____

- c) Check appropriate box: More than \$1,000 More than \$12,500
- _____
(name of employer or source of income)
- _____
(address)
- _____
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received _____

SECTION 4- BUSINESS OR HOLDINGS

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

a) Check appropriate box: More than \$1,000 More than \$12,500
FIDELITY INVESTMENTS
PO BOX 770001 CINCINNATI, OH 45277
KEITH & JULIE KECK
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
VICTORY CAPITAL (USAA INTL/S&P 500/NASDAQ 100/TE-LONG/TE-INT)
4900 TIEDEMAN RD BROOKLYN, OH 04144
KEITH & JULIE KECK
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
THRIFT SAVINGS PLAN (G FUND/S FUND/C FUND)
PO BOX 385021 BIRMINGHAM, AL 35238
KEITH KECK
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 5- OFFICE OR DIRECTORSHIP

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

a) NONE

(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

b) _____
(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

SECTION 6- CREDITORS

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) BANK OF AMERICA MORTGAGE
PO BOX 31785, TAMPA FL 33631

(name of creditor)

(address of creditor)

b) _____
(name of creditor)

(address of creditor)

c) _____
(name of creditor)

(address of creditor)

SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) NONE

(name of governmental body) _____ (address of governmental body)

(amount owed) _____ (nature of the obligation)

b) _____
(name of governmental body) _____ (address of governmental body)

(amount owed) _____ (nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

- a) NONE

(name)

(address)
- b) _____
(name)

(address)

SECTION 9- GIFTS

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

- a) NONE

(description of gift)

(date) _____ (fair market value)

(source of gift)
- b) _____
(description of gift)

(date) _____ (fair market value)

(source of gift)
- c) _____
(description of gift)

(date) _____ (fair market value)

(source of gift)
- d) _____
(description of gift)

(date) _____ (fair market value)

(source of gift)
- e) _____
(description of gift)

(date) _____ (fair market value)

(source of gift)

SECTION 10- AWARDS

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive life-long learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

a) NONE
 _____ (description of award)
 _____ (date) _____ (fair market value)
 _____ (source of award)

b) _____ (description of award)
 _____ (date) _____ (fair market value)
 _____ (source of award)

c) _____ (description of award)
 _____ (date) _____ (fair market value)
 _____ (source of award)

d) _____ (description of award)
 _____ (date) _____ (fair market value)
 _____ (source of award)

SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) NONE
 _____ (name of person or organization paying expense)
 _____ (business address)
 _____ (date of expense) \$ _____ (amount of expense)
 _____ (nature of expenditure)

b) _____ (name of person or organization paying expense)
 _____ (business address)
 _____ (date of expense) \$ _____ (amount of expense)
 _____ (nature of expenditure)

SECTION 12- DIRECT REGULATION OF BUSINESS

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

- a) NONE

(name of business)

(governmental body which regulates or controls)
- b) _____
(name of business)

(governmental body which regulates or controls)
- c) _____
(name of business)

(governmental body which regulates or controls)
- d) _____
(name of business)

(governmental body which regulates or controls)

SECTION 13- SALES TO GOVERNMENTAL BODY

List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more than 10% of the stock of the company.

- a) NONE

(goods or services)

(governmental body to whom sold)
- b) _____
(compensation paid)

(goods or services)

(governmental body to whom sold)
- c) _____
(compensation paid)

(goods or services)

(governmental body to whom sold)
- d) _____
(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

I certify under penalty of false swearing that the above information is true and correct.

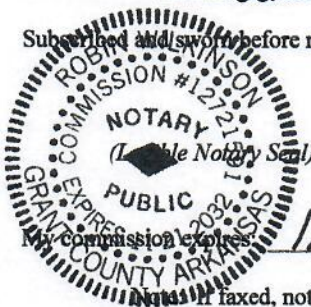
Kurt H. Kirk
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 22nd day of January, 2024.

Robin Wilkinson
Notary Public



11-21-32

If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

IMPORTANT

Where to file:

- State or district candidates/public servants file with the Secretary of State.
- Appointees to state boards/commissions file with the Secretary of State.
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- * Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
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INVESTMENT REPORT
December 1, 2023 - December 31, 2023

Holdings

Core Account

Description	FIDELITY GOVERNMENT CASH RESERVES (FDRXX)
-- 7-day yield: 5.02%	
Total Core Account (2% of account holdings)	
Stocks	
Description	
Common Stock	
LINDE PLC COM EUR0.001(LIN)	
ABBOTT LABORATORIES(ABT)	
ADOBE INC COM(ADBE)	
ALLISON TRANSMISSION HOLDINGS INC (ALSN)	
ALPHABET INC CAP STK CL A(GOOG)	
AMAZON.COM INC (AMZN)	
APPLIED MATERIALS INC COM USD0.01 (AMAT)	
AVANTOR INC COM(AVTR)	
BALL CORP COM NPV(BALL)	
BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS B (BRKB)	
CDW CORP COM USD0.01(CDW)	
CATALENT INC COM(CTLT)	
CHARLES RIVER LABORATORIES INTERNATIONAL INC (CRL)	
CHEMENERE ENERGY INC COM USD0.003 (LNG)	
COHERENT CORP COM(COHR)	
COSTCO WHOLESALE CORP COM USD0.01 (COST)	
DANAHER CORPORATION COM(DHR)	
DOLBY LABORATORIES INC COM CL A(DLB)	

INVESTMENT REPORT
December 1, 2023 - December 31, 2023

Holdings

Stocks (continued)

Description	Common Stock (continued)
UNION PAC CORP COM(UNP)	
VERISK ANALYTICS INC COM(VRSK)	
VISA INC (V)	
ZEBRA TECHNOLOGIES CORPORATION CL A (ZBRA)	
Total Common Stock (84% of account holdings)	
Preferred Stock	
TRITON INTL LTD 8.000000% PFD (TRINPRB)	
CHS INC CLASS B SER 4	
7.500000% PERPTL MTY PFD (CHSCL)	
SCE TR VII TRUST PREF	
7.500000% PFD (SCEPRM)	
TELEPHONE & DATA SYS INC DP PFD UU	
6.625000% (TDSPRU)	
Total Preferred Stock (5% of account holdings)	
Total Stocks (89% of account holdings)	
Bonds	
Description	
Corporate Bonds	Maturity
FREEMPORT MCMORAN INC NOTE	09/01/27
FIXED COUPON MOODYS Baa2 S&P BB+ SEMIANNUAL BEAZER HOMES USA INC SER B	10/15/27
NOTE	
FIXED COUPON MOODYS B1 S&P B+ SEMIANNUAL	

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Holdings

Bonds (continued)

Description	Maturity
Municipal Bonds (continued)	
KAUFMAN CNTY TEX FRESH WTR SUPPLY	09/01/37
FIXED COUPON MOODYS Baa2 S&P AA SEMIAI	
Total Municipal Bonds (18% of account holdings)	
US Treasury/Agency Securities	
FEDERAL HOME LOAN BA SER NJ-2030	11/29/30
FIXED COUPON MOODYS Aaa S&P AA+ SEMIAI	
Total US Treasury/Agency Securities (2% of account holdings)	
Total Bonds (26% of account holdings)	
Other	
Description	
FLAGSTAR BK NATL ASSN HICKSVI CD	
5.350000% 04/22/2024 FIXED COUPON CTF	
DEP FDIC INSURED SEMIANNUALLY CUSIP: 33847GAE2	
Total Other (2% of account holdings)	
Total Holdings	

All positions held in cash account unless indicated.
Cost Basis - the original amount paid for a security.
Total Cost Basis does not include the cost basis.



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Holdings

Holdings

Stocks (continued)

Bonds (continued)

Description	Maturity
Common Stock (continued)	
DOLLAR TREE INC(DLTR)	
ECOLAB INC(ECL)	
EPAM SYS INC COM USD0.001(EPAM)	
FASTENAL COM STK USD0.01(FAST)	
HOME DEPOT INC(HD)	
HUBSPOT INC(HUBS)	
ILLINOIS TOOL WORKS INC COM USD0.01 (ITW)	
JOHNSON & JOHNSON COM USD1.00(JNJ)	
KLA CORP COM NEW(KLAC)	
KENVUE INC COM (KVUE)	
KNIGHT-SWIFT TRANSN HLDGS INC CL A (KNX)	
L3HARRIS TECHNOLOGIES INC COM(LHX)	
MARKETAXESS HOLDINGS INC(MKTIX)	
MERCK & CO. INC COM (MRK)	
MICROSOFT CORP (MSFT)	
MOODYS CORP COM USD0.01(MCO)	
MOTOROLA SOLUTIONS INC(MSI)	
NIKE INC CLASS B COM NPV(NKE)	
NORDSON CORP(NDSN)	
QUALYS INC COM USD0.001(QLYS)	
QUANTA SERVICES COM USD0.00001(PWR)	
SS&C TECHNOLOGIES HLDGS INC COM (SSNC)	
SOUTHERN CO(SO)	
TJX COMPANIES INC(TJX)	
TEXAS INSTRUMENTS INC COM USD1.00 (TXN)	
THERMO FISHER SCIENTIFIC INC(TMO)	
TRIMBLE INC COM (TRMB)	

Description	Maturity
Corporate Bonds (continued)	
ALLISON TRANSMISSION INC NOTE 144A	06/01/29
FIXED COUPON MOODYS Ba2 SEMIANNUALL' TRIMBLE INC NOTE CALL MAKE WHOLE	03/15/33
FIXED COUPON MOODYS Ba3 S&P BBB- SEI	
Total Corporate Bonds (6% of account holdings)	
Municipal Bonds	
MICHIGAN FIN AUTH REV REF BDS SPARROW	11/15/45
FIXED COUPON PRE-REFUNDED 05/15/2025 @ MICHIGAN FIN AUTH REV REF	11/15/45
BDS SPARROW	
FIXED COUPON PRE-REFUNDED 05/15/2025 @ ARKANSAS ST UNIV AUXILIARY	04/01/30
FIXED COUPON MOODYS A1 SEMIANNUALLY I BENTON ARK CAP IMPT REV REV	09/01/30
BDS SER.	
FIXED COUPON MOODYS A2 SEMIANNUALLY I ILLINOIS ST TOLL HWY AUTH	01/01/32
TOLL HIGHWAY	
FIXED COUPON CALLED 04/02/2024 @ 100.00C INDIANA HEALTH FAC FING AUTH	11/15/34
REV REV	
FIXED COUPON MOODYS Aa2 SEMIANNUALLY CHICAGO ILL O HARE INTL ARPT	01/01/35
REV GEN	
FIXED COUPON S&P A+ SEMIANNUALLY NEXT COOPER CNTY MO SCH DIST NO	03/01/37
C-PILOT	
FIXED COUPON S&P AA+ SEMIANNUALLY NEX	

