

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 FILED
(Note: Filing covers the previous calendar year) BY SALINE COUNTY
PROBATE & COUNTY CLERK

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

2024 JAN 26 AM 9:21

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 Jones Reagan Jackson
(Last) (First) (Middle)
Address 9008 Rolling Hills Dr Alexander AR 72002
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 870-818-8930
Spouse's name Jones Brittney Nicole
(Last) (First) (Middle)
All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official _____
(office held)
- Candidate Justice of the Peace - District 4
(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)

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
_____ Southwest Power Pool
(name of employer or source of income)
_____ 201 Worthen Dr Little Rock, AR
(address)
_____ Reagan Jones
(name under which income received)

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

b) Check appropriate box: More than \$1,000 More than \$12,500
_____ NIBC
(name of employer or source of income)
_____ 615 W 29th Street, NLR, AR
(address)
_____ Brittany Jones
(name under which income received)

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

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 NA More than \$12,500

(name of corporation, firm or enterprise)

(address)

(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) N/A
_____ (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) N/A
_____ (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) N/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)

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) N/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) N/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 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) N/A
 (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) N/A
 (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) N/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) N/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

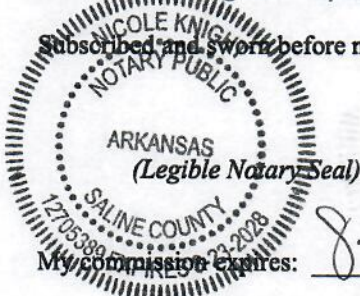
I certify under penalty of false swearing that the above information is true and correct.

Signature [Handwritten Signature]

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 26th day of January, 2024.



Nicole Knight
Notary Public

My commission expires: 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.

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 Little Rock, AR 72201
 Phone (501) 682-5070
 Fax (501) 682-3548

Calendar year covered 2023
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 this form contact:
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 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 Haynes (Last) Owen (First) Ross (Middle)
 Address 6024 Camden Cv (Street or P.O. Box Number) alexander AR (City) 72002 (Zip Code)
 Phone (870) 329-9994
 Spouse's name N/A (Last) N/A (First) N/A (Middle)
 All names under which you and/or your spouse do business: N/A

SECTION 2- REASON FOR FILING

- Public Official _____
- Candidate Justice of the Peace - Saline District 4 (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
 SALINE COUNTY
 PROBATE & COUNTY CLERK
 2023 JAN 29
 PM 3:45

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
University of Arkansas at Little Rock
2801 S University Ave, Little Rock, AR 72204
Owen Haynes
(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
office work, scientific research

b) Check appropriate box: More than \$1,000 More than \$12,500
University of Arkansas at Little Rock, Donaghey Foundation
2801 S University Ave, Little Rock, AR 72204
Owen Haynes
(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
Scholarship

c) Check appropriate box: More than \$1,000 More than \$12,500
Arkansas Division of Higher Education, State of Arkansas
101 E Capitol Ave, Arkansas Little Rock, AR 72201
Owen Haynes
(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
Arkansas Challenge Scholarship

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
N/A

N/A (name of corporation, firm or enterprise)

N/A (address)

N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)

N/A (address)

N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)

N/A (address)

N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)

N/A (address)

N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)

N/A (address)

N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)

N/A (address)

N/A (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) N/A
_____ (name of business, corporation, firm, or enterprise)
N/A
_____ (address)
N/A
_____ (office or directorship held)
N/A
_____ (name of office holder)
- b) N/A
_____ (name of business, corporation, firm, or enterprise)
N/A
_____ (address)
N/A
_____ (office or directorship held)
N/A
_____ (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) N/A
_____ (name of creditor)
N/A
_____ (address of creditor)
- b) N/A
_____ (name of creditor)
N/A
_____ (address of creditor)
- c) N/A
_____ (name of creditor)
N/A
_____ (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) N/A
_____ (name of governmental body) _____ (address of governmental body)
N/A
_____ (amount owed) _____ (nature of the obligation)
- b) N/A
_____ (name of governmental body) _____ (address of governmental body)
N/A
_____ (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) N/A

N/A (name)

N/A (address)
b) N/A

N/A (name)

N/A (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) N/A

N/A (description of gift)

N/A (date) (fair market value)

N/A (source of gift)
b) N/A

N/A (description of gift)

N/A (date) (fair market value)

N/A (source of gift)
c) N/A

N/A (description of gift)

N/A (date) (fair market value)

N/A (source of gift)
d) N/A

N/A (description of gift)

N/A (date) (fair market value)

N/A (source of gift)
e) N/A

N/A (description of gift)

N/A (date) (fair market value)

N/A (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) N/A
N/A (description of award)
N/A (date) (fair market value)
N/A (source of award)

b) N/A
N/A (description of award)
N/A (date) (fair market value)
N/A (source of award)

c) N/A
N/A (description of award)
N/A (date) (fair market value)
N/A (source of award)

d) N/A
N/A (description of award)
N/A (date) (fair market value)
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a) N/A
N/A (name of person or organization paying expense)
N/A (business address)
N/A (date of expense) \$ (amount of expense)
N/A (nature of expenditure)

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

SECTION 14- SIGNATURE

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

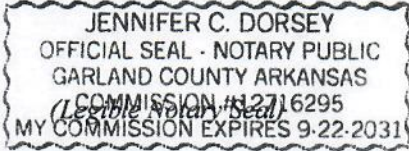
[Handwritten Signature]

Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 09 day of January, 20 24.



[Handwritten Signature: Jennifer C Dorsey]

Notary Public

My commission expires: 9/22/31

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

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- City attorneys file with the city clerk of the municipality in which they serve.
- District judges file with the Secretary of State.
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Toll Free (800) 422-7773

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SECTION 1- NAME AND ADDRESS

Name Carpenter John Carl
(Last) (First) (Middle)
Address 15067 Hwy 298 Benton AR 72019
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501 249 1108
Spouse's name N/A
(Last) (First) (Middle)
All names under which you and/or your spouse do business: N/A

SECTION 2- REASON FOR FILING

- Public Official _____
(office held)
- Candidate Justice of the Peace (District 4)
(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)

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

_____ LCIFA _____
(name of employer or source of income)
_____ 620 W 3rd St # 200 Little Rock AR _____
(address)
_____ John A Carpenter _____
(name under which income received)

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

- 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

N/A

(name of corporation, firm or enterprise)

(address)

(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) N/A
(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) Autism Credit
(name of creditor)
100 Roberts Dr Grapevine TX 76151
(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) N/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)

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) N/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) \$300 campaign donation
(description of gift)
1-4-24
(date) \$300
(fair market value)
Rick Bellinger
(source of gift)
- b) \$100 campaign donation
(description of gift)
1-4-24
(date) \$100
(fair market value)
Chris Carpenter
(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) N/A

(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) N/A

(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) N/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) N/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

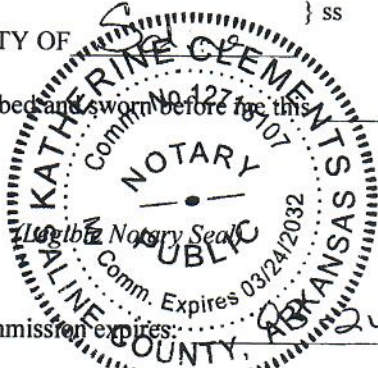
I certify under penalty of false swearing that the above information is true and correct.

John Hillman Cayote
Signature

STATE OF ARKANSAS

COUNTY OF _____ } ss

Subscribed and sworn before me this 11th day of January, 2024.



K. CEMENT
Notary Public

My commission expires: 24-2032

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.

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 Howell BARBARA J.
(Last) (First) (Middle)
 Address 521 Bass Alexander AR 72007
(Street or P.O. Box Number) (City) (State) (Zip Code)
 Phone 501-681-7577
 Spouse's name _____
(Last) (First) (Middle)
 All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official _____
(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)

FILED
 SALINE COUNTY
 PROBATE & COUNTY CLERK
 2024 JAN 10 AM 9:19
 BY _____

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 _____

N/A

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

Social Security (name of employer or source of income)
6401 Security Blvd, Pottimora Md (address)
Barbara J. Newell (name under which income received) 21235

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

Sevier County (name of employer or source of income)
100 N. Main St, Benton Ar (address)
Barbara Newell (name under which income received) 72015

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

_____ (name of corporation, firm or enterprise)

_____ (address)

_____ (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 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) _____
(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)

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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) _____
(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 14- SIGNATURE

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

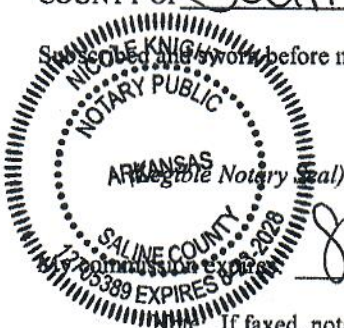
Robert Howell
Signature

STATE OF ARKANSAS

COUNTY OF Saline ss

Subscribed and sworn before me this 10th day of January, 2024.

Nicole Knight
Notary Public



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.
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- * 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.
Revised 12/2017

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

FILED
 SALINE COUNTY
 PROBATE & COURT CLERK
 2024 JAN 10 PM 12:58

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 <u>Kellum</u>	Keith	Michael
(Last)	(First)	(Middle)
Address <u>12708 Dodder Drive</u>	<u>Alexander</u>	<u>AR</u>
(Street or P.O. Box Number)	(City)	(State)
Phone <u>501-249-4083</u>		<u>72002</u>
	(Zip Code)	
Spouse's name <u>Kellum</u>		
	<u>Terry</u>	<u>Lynn</u>
(Last)	(First)	(Middle)
All names under which you and/or your spouse do business: <u>Keith M. Kellum, Keith Kellum, Terry L. Kellum, Terry Kellum</u>		

SECTION 2- REASON FOR FILING

- Public Official _____
(office held)
- Candidate Justice of the Peace - District 4
(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.
 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
Arvest Bank

(name of corporation, firm or enterprise)
3217 N. Reynolds Road, Bryant, AR 72022

(address)
Keith M. & Terry L. Kellum

(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Arkansas Federal Credit Union

(name of corporation, firm or enterprise)
115 Harvest Drive, Bryant, AR 72022

(address)
Keith M. & Terry L. Kellum

(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)

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a) _____
(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)

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a) _____
(name of creditor)

(address of creditor)

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(name of creditor)

(address of creditor)

c) _____
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(address of creditor)

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(amount owed) _____ (nature of the obligation)

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(amount owed) _____ (nature of the obligation)

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Revised 12/2017

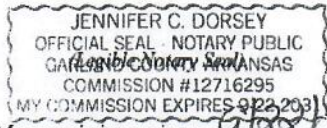
SECTION 14- SIGNATURE

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

Kristi Walker
Signature

STATE OF ARKANSAS
COUNTY OF Saline) ss

Subscribed and sworn before me this 10 day of January, 2024.



Jennifer C Dorsey
Notary Public

My commission expires: 02/23/25

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

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Revised 12/2017

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

Check if this report is an amendment

This report should be filed with the County Clerk of the county in which the election is held

1. Name of Candidate: Keith Kellum

Address: 12708 Dodder Drive

City, State and Zip: Alexander, AR 72002 Phone Number: 501-249-4083
(Clerk's File Stamp)

Office Sought: Justice of the Peace District Number: 4

Does the candidate have a campaign committee? () Yes () No
If yes, complete the following:

Name of Chairperson/Treasurer: _____

Mailing Address: _____ Phone Number: _____

2. Type of Election: (check only one) Year of Election 2024

Primary Primary Runoff General General Runoff
 Special Annual School Annual School Runoff

FILED
 SALINE COUNTY
 PROBATE & COUNTY CLERK
 2024 JAN 10 PM 12:08
 BY [Signature]

3. Type of Report: (check one) This report covers what period? (/ /) through (/ /)

Annual report (/ / 23) through (/ / 23)

Preelection report

Final report (check method by which remaining campaign funds were disposed)*

- Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)
- A political party as defined in Ark. Code Ann. § 7-1-101 or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives
- Contributors to the candidate's campaign
- A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code
- Cities of the first class, cities of the second class, or incorporated towns

Supplemental Report

*If the campaign has not ended, disposal of campaign funds is not required and the candidate may carry forward any remaining campaign funds to the next election in the cycle for that same office.

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at beginning of reporting period	\$0.00	
5. Interest (if any) earned on campaign account		
6. Total Loans (enter total from line 13)	\$3555.02	
7. Total Monetary Contributions (enter total from line 19)	\$3392.59	
8. Total Expenditures (enter total from line 28)	\$5854.40	
9. Balance of campaign funds at close of reporting period	\$1093.21	
10. If this is candidate's final report for an election, amount of remaining campaign funds or outstanding indebtedness (use brackets to indicate debt)		
11. () NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)		

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

Signature of Candidate or Candidate's Representative: Keith Kellum

Sworn to and subscribed before me, a Notary Public, in and for Saline County, Arkansas, on this 10 day of January, 2024.

OFFICIAL SEAL, NOTARY PUBLIC
GARLAND COUNTY, ARKANSAS
COMMISSION #12716295
MY COMMISSION EXPIRES 9-22-2031

Notary Signature: Jennifer C Dorsey
My Commission Expires: 9/22/31

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.

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

CURRENT AS OF 08/01/2023

12. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
6/27/23	Keith Kellum 12708 Daddie Dr. Alexandria, AR 72002	Keith Kellum	\$400.00
7/21/23	Keith Kellum 12708 Daddie Dr. Alexandria, AR 72002	Keith Kellum	\$400.00
9/25/23	Keith Kellum 12708 Daddie Dr. Alexandria, AR 72002	Keith Kellum	\$1505.02
10/10/23	Keith Kellum 12708 Daddie Dr. Alexandria, AR 72002	Keith Kellum	\$350.00
11/3/23	Keith Kellum 12708 Daddie Dr. Alexandria, AR 72002	Keith Kellum	\$400.00
11/5/23	Keith Kellum 12708 Daddie Dr. Alexandria, AR 72002	Keith Kellum	\$500.00
13. TOTAL LOANS DURING REPORTING PERIOD			\$ 3555.02

IMPORTANT

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 12.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds which he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 12.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds which he or she contributed to the campaign, then those personal funds would not be reported in Section 12. Instead, they would be reported as a campaign contribution either in Section 16 or on line 18, depending upon the amount.

If a candidate has unpaid loans at the end of the primary, runoff, special, or general election, the source, description and amount of each such loan should be itemized in Section 29. Candidates ending their campaign in debt are permitted to raise funds to retire the debt subject to the restrictions contained in Ark. Code Ann. § 7-6-219.

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

CURRENT AS OF 08/01/2023

14. NONMONEY CONTRIBUTIONS

Does not include volunteer services by individuals

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
11/11/23	Lizy Bixango Rd. Benton, AR 72019	cookies for fundrais.	\$ 76.50	\$ 76.50
15. TOTAL NONMONEY CONTRIBUTIONS			\$ 76.50	

IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a contributor provides him with an item or service without charge or for a charge that is less than the fair market value of the item or service in question.

The value of an in-kind contribution is the difference between the fair market value and the amount charged. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

(Use copies of this page as needed)

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
11/15/23	Scott Gray 1021 Hickory Creek Dr. Alexander, AR 72002	None / Investor	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	\$500.00
11/15/23	Stephanie Duke 603 N. Market St. Benton, AR 72015	Duke Family Ltd. Partnership Real Estate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	\$500.00
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
Subtotal of Contributions This Page			\$1000.00	

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CURRENT AS OF 08/01/2023

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200			\$100.00	
18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS			\$2392.59	
19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 17 and 18)			\$3392.59	

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24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print
(Use copies of this page as needed)

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Vista print 275 Wyman St. Waltham, MA 02451	Business Cards	7/13/23	\$155.48
Cabin 3H 18311 E-30 Benton, AR 72015	Fundraiser Venue Rental 1st 1/2	8/23/23	\$225.00
Vista print 275 Wyman St. Waltham, MA 02451	Handout cards	9/2/23	\$127.26
Signs on the Cheap 11525A Stonchollow Dr. Austin, TX 78758	Yard signs	9/25/23	\$1505.02
Bulk Apparel 1001 Brickell Bay Dr. Ste 2700C4 Miami, FL 33131	T-Shirts	9/27/23	\$103.75
Cabin 3H 18311 E-30 Benton, AR 72015	Fundraiser Venue Rental 2nd 1/2	10/18/23	\$225.00
Vista print	Door Hangers	10/26/23	\$123.23
Sams Club 900 S. Bowman Rd. Little Rock, AR	Fundraiser Food	11/4/23	\$141.17
Wal-Mart 400 Bryant Ave. Bryant, AR 72021	Fundraiser Food	11/8/23	\$163.50
Krista Grace 395 Christy Lane Benton, AR 72015	T-Shirt printing	11/8/23	\$150.00
Saline County Republican Committee 125 N. Market St. Benton, AR 72015	Filing Fee	12/1/23	\$360.00
25. TOTAL ITEMIZED EXPENDITURES THIS REPORT			
26. TOTAL NONITEMIZED EXPENDITURES THIS REPORT			
27. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter amount from line 23)			
28. TOTAL EXPENDITURES THIS REPORT (includes lines 25, 26 and 27)			

NOTE: Expenditures Reflected on Lines 25, 26 and 27 Should Be Totaled by Category in Section 20

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CURRENT AS OF 08/01/2023

