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, FILEO
(Note: Filing covers the previous calendar year) UNITY CLERN
PROBALL Year) UNITY CLERN

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.

Phone Spouse's a All names SECTION P	Candidate	Office held) of the Peace (fice sought)	AR (State) - District	(Middle) 72002 (Zip Code Nicola (Middle)
Phone Spouse's a All names SECTION P	(Street or P.O. Box Number) 870-818-8936 name	(City) Brithny (First) office held) of the Peace		(Zip Code Nicole (Middle)
Spouse's a	name	office held) of the Peace	- District	(Middle)
SECTION P	(Last) s under which you and/or your spouse do business: N 2- REASON FOR FILING Public Official	office held) of the Peace	- District	(Middle)
	Public Official	of the Peace	- District	- 4
 IXC .	Candidate	of the Peace	- District	- 4
_ `	Candidate	of the Peace	- District	- 4
_	(of	ffice sought)	DISTRICT	7
□ I	Nintuint Yordon			
	District Judge (name of district)			
	City Attorney(na	ne of district)		
	State Government: Agency Head/Department Director	/Division Director		department/division)
	Chief of Staff or Chief Deputy			
□ P	Public appointee to State Board or Commission	onstitutional Officer, Senate	, or House of Repres	sentatives)
	(name of board/commission)			
⊔ s	School Board member(name of	of school district)		
	Candidate for school board			
_	(name o	of school district)		
_ Р	Public or Charter School Superintendent(name of sc	chool district/school)		
□ Е	Executive Director of Education Service Cooperative			
		(name of	cooperative)	
□ A	Advertising and Promotion Commission member	(ing and promotion co	

SEC	TION 2- REASON FOR FILING (continued)	
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission	1):
	☐ Airport board or commission	
	☐ Water or Sewer board or commission	
	☐ Utility board or commission	
	☐ Civil Service commission	
SEC	TION 3- SOURCE OF INCOME	
income exam	each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of the that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income adding \$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 Paul	
	(name of employer or source of income)	
	201 Worthen Dr Little Rock, AR	
	Reagan Jones	
Prov	(name under which income received) de a brief description of the nature of the services for which the compensation was received Project Manage	r
b) (heck appropriate box:	
	(name of employer or source of income) (e15 W 297 Street, NCR, AK	
	(address)	
	(name under which income received)	
Provi	de a brief description of the nature of the services for which the compensation was received Commissions Analy, 1	-
c)	Check appropriate box:	
	(name of employer or source of income)	
	(address)	
	(name under which income received)	
Provi	le 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 co	orporation, firm or er	nterprise)		
			(address)			
	ST. March	t held)				
b)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500		
		(name of co	rporation, firm or en	terprise)		
			(address)			
		(name und	der which investmen	t held)		
c)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500		
	(name of corporation, firm or enterprise)					
All Sections			(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 regulatory agency of this State, or of any of its	your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a political subdivisions.
a)	NIA
(n	ame of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
(n:	ame 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 the outstanding. (This does not include debts owed a financial institution or a person who regularly	busand dollars (\$5,000) or more was personally owed or personally obligated and is still to members of your family or loans made in the ordinary course of business by either and customarily extends credit.)
a)	NA
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
c)	(address of creditor)
/	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWEI	O TO GOVERNMENT
List the name and address of each governmental the nature of the amount of the obligation.	body to which you are legally obligated to pay a past-due amount and a description of $\Delta I I I I I I I I I I I I I I I I I I $
a)	10/14
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(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 extended and refinanced after Jan. 1, 1989. Members of	debt of yours that is still outstanding. (This includes debt guarantors arising or of your family who are your guarantors are not required to be disclosed.)
a)	N//A
ω)	(name)
b)	(address)
<u> </u>	(name)
	(address)
SECTION 9- GIFTS	
your spouse and of each gift of more than \$250 receive entertainment, advance, services, or anything of value tare a number of exceptions to the definition of "gift." Interest prepared for use with this form. (Note: The variations)	mate of the fair market value of each gift of more than \$100 received by you or d by your dependent children. The term "gift" is defined as "any payment, unless consideration of equal or greater value has been given therefor." There Those exceptions are set forth in the Instructions for Statement of Financial alue of an item shall be considered to be less than \$100 if the public servant and any amount over \$100 and the reimbursement occurs within ten (10) days
a)	NIA
	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
2)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
i)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
3)	
	(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 lifelong 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)	[V /	VT
	(des	cription of award)
-	(date)	(fair market value)
	(so	ource of award)
b)		
	(des	cription of award)
	(date)	(fair market value)
	(so	ource of award)
c)	(doc	cription of award)
	(ues	
	(date)	(fair market value)
	(so	ource of award)
d)		
	(desc	cription of award)
	(date)	(fair market value)
	(so	ource of award)
SECTIO	N 11- NONGOVERNMENTAL SOURCES OF PA	YMENT
List each	nongovernmental source of payment of your expenses appear in your official capacity when the expenses in	for food, lodging, or travel which bears a relationship to your office
when you	appear in your official capacity when the expenses in	ented exceed \$150.
a)	(name of person or o	organization paying expense)
	(busi	ness address)
	(date of expense)	(amount of expense)
	(nature	of expenditure)
b)		
	(name of person or o	organization paying expense)
	(busi	iness 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)
(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 14 SALES TO COVERNMENT AND DODGE
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)NA
(goods or services)
(governmental body to whom sold)
b)
(goods or services)
(governmental body to whom sold)
(compensation paid)
(goods or services)
(governmental body to whom sold)

(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. Signature STATE OF ARKANSAS COUNTY OF State of the state o

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:

William V

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)

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Is this an amendment? ☐ Yes ☐ No

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SEC	HON I- NAME AND ADDRESS	
Name	Haynes Over	Ross
Addre	ess 60 24 Kamber Cv (First) aR	(Middle)
Phone	(Street or P.O. Box Number) (City) (State)	(Zip Code)
	(Eirst)	(Middle)
All na	ames under which you and/or your spouse do business:	
SECT	TION 2- REASON FOR FILING	PR08 2024
	Public Official	SALI BATE I JAN
Ø	Candidate Tystice of the Peace - Seline District	FILE NE COL
	District Judge	N HE
	(name of district) City Attorney	3: t-5
	(name of city) State Government: Agency Head/Department Director/Division Director	
	Chief of Staff or Chief Deputy	epartment/division)
	(name of Constitutional Officer, Senate, or House of Representation Public appointed to State Board or Commission	entatives)
	School Board member (name of board/commission)	
	(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	
	Advertising and Promotion Commission member (name of cooperative)	
	(name of advertising and promotion comm	nission)
	Research Park Authority Board member under A.C.A. § 14-144-201 et seq	park authority board)

SECT	FION 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
SECT	TION 3- SOURCE OF INCOME
or you incom examp	ach employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you are spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of the that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For only, accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income ding \$1,000 from at least one source, the answer N/A is not correct.
	Check appropriate box: More than \$1,000
9	801) Valversity Ave, Little Poch, AR 72204
	Owen Hownex (address)
	(name under which income received)
Provid	office work, scientific research
b) CI	More than \$1,000 More than \$12,500 More than \$12
	Owen Haynex (address)
	(name under which income received)
Provid	le a brief description of the nature of the services for which the compensation was received
Orla	Check appropriate box: D. More than \$1,000 ANSAY DIVISION OF Theyter Education, State of Arkansas
	101 & Capital ave, Scholars Little Roll, are 72201
	(name under which income received)
Provid	de a brief description of the nature of the services for which the compensation was received Orkgrs at the lange Scholas N. P

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			
	NA	(name of corporation, fi	irm or enterprise)			
	NA	(address	s)			
_		(name under which investment held)				
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
S. S. Section	MA	(name of corporation, fi	rm or enterprise)			
	NA	(address	;)			
		(name under which in	vestment held)			
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	NA	(name of corporation, fin	rm or enterprise)			
	NIA	(address)				
	/()	(name under which in	vestment held)			
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
,	V/A	(name of corporation, fir	m or enterprise)			
,	NIA	(address)				
	-/	(name under which in	vestment held)			
e) /	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
٨	//A	(name of corporation, fir	m or enterprise)			
- 1	NA	(address)				
/		(name under which inv	vestment held)			
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
/	1/A	(name of corporation, fire	m or enterprise)			
	n c/A	(address)				
	V// \	(name under which inv	vestment 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	
N/A	(name of business, corporation, firm, or enterprise)
1/14	(address)
0.1	(office or directorship held)
,,,,,	(name of office holder)
b) ///A	
N/A	(name of business, corporation, firm, or enterprise)
NA	(address)
1/1/4	(office or directorship held)
- IV/ B	(name of office holder)
SECTION 6- CREDITORS	
a) N/A	(name of creditor)
10//4	(address of creditor)
6) <u>(V//)</u>	(name of creditor)
N/K	(address of creditor)
1 / / N	(name of creditor)
/\///	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS O	WED TO GOVERNMENT
List the name and address of each government of the nature of the amount of the obligation	nental body to which you are legally obligated to pay a past-due amount and a description on.
a) MA	
(name of governmental body)	(address of governmental body)
b) N/A (amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

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.)

(address)

a)_	N/A			
	NIA		(description of gift)	
	NIA	(date)		(fair market value)
-			(source of gift)	
b)	NA			
	NA		(description of gift)	
	NA	(date)		(fair market value)
			(source of gift)	
c)	11/A			
/	1//		(description of gift)	
	MA	(date)		(fair market value)
	1.		(source of gift)	
d)	NA			
	NA		(description of gift)	
	NA	(date)		(fair market value)
			(source of gift)	
e)	NIA			
-	NA		(description of gift)	
	NIA	(date)		(fair market value)
	. 07		(source of gift)	

SECTION 10- AWARDS

. 1/1

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) ////T				
NIA		(description of award)		
NA	(date)		(fair market v	value)
./.		(source of award)	100 000	
b) N/A				-
1//4		(description of award)		
NA	(date)		(fair market v	value)
		(source of award)		
0 1//4				
NA		(description of award)		
N/A	· (date)		(fair market v	ralue)
		(source of award)		
d N/A		(source of unuta)		
010		(description of award)		
NA	(date)		(fair market v	ralue)
10/11		(
		(source of award)		
SECTION 11- NO	NGOVERNMENT	TAL SOURCES OF PAYMENT		
List each nongovern when you appear in	mental source of p your official capac	payment of your expenses for food, lodging, or traversity when the expenses incurred exceed \$150.	el which bears	s a relationship to your off
a) NA				
NIA		(name of person or organization paying expense)		
0//0		(business address)	•	
A / /A (date	of expense)		\$	(amount of expense)
-/V/A		(nature of expenditure)		
b) N/A		(mature of expenditure)		
NA		(name of person or organization paying expense)		
NA		(business address)	\$	
A/A (date	of expense)		3	(amount of expense)
1.1.		(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. (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (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. (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (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.

STATE OF ARKANSAS

COUNTY OF

Subscribed and sworn before me this

JENNIFER C. DORSEY OFFICIAL SEAL - NOTARY PUBLIC GARLAND COUNTY ARKANSAS

COMMISSION #12716295 MMISSION EXPIRES 9-22-2031

My commission expires:

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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STATEMENT OF FINANCIAL INTEREST

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Fax (501) 682-3548

(Note: Filing covers the previous calendar year)

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Is this an amendment? Ves No

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SECTI	ΓΙΟΝ 1- NAME AND ADDRESS			
Name	Capenta	John		Gul
Addres	ess 15067 Hay 243	(First)	Av	
	(Street or P.O. Box Number) e	(City)	(State)	(Zip Code)
Spouse	se's name $\sim \mid P \mid$			
Ali nan	(Last) ames under which you and/or your spouse do business: \(\triangle \int \)	(First)		(Middle)
SECTI	TION 2- REASON FOR FILING			
	Public Official			
X	Candidate Justice of the Personal Coffice so	ice (Dist	11:14)	
	District Judge			
	City Attorney	district)		
	(name of State Government: Agency Head/Department Director/Division	f city)	312 995	
	Chief of Staff or Chief Deputy		(name of ager	ncy/department/division)
	(name of Constitu	itional Officer, Senat	e, or House of Re	presentatives)
	Public appointee to State Board or Commission	(name of board/	commission)	
	School Board member(name of scho	and district)		
	Candidate for school board			
	Public or Charter School Superintendent		*****	
	(name of school of Executive Director of Education Service Cooperative			
	Advertising and Promotion Commission member	(name o	of cooperative)	
	Research Park Authority Board member under A.C.A. § 14-	(name of advertis	sing and promotio	n commission)
	research I aik Authority Board member under A.C.A. § 14-	144-201 et seq		cough more outhority board)

SECT	TION 2- REASON FOR	FILING (continued)				
	Appointee to one of the ☐ Planning board or co	e following municipal, county or region	nal boards or commissions (list name of board or commission):			
	☐ Airport board or cor	nmission				
		☐ Utility board or commission				
SECT	TION 3- SOURCE OF IN	COME				
that co	onstitute a portion of the grants, attorneys, farmers,	come amounting to more than \$1,000. coss income of the business or professi	your spouse, or any other person for the use or benefit of you (You are not required to disclose the individual items of income on from which you or you spouse derives income. For example: ir individual clients.) If you receive gross income exceeding			
a) (Check appropriate box:	More than \$1,000	☐ More than \$12,500			
		(name of employer of	r source of income)			
		620 US 515 5	ess)			
			income received)			
Provid	e a brief description of the	e nature of the services for which the co	ompensation was received First her retrement			
b) Ch	eck appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of employer of	r source of income)			
-		(addr	ess)			
		(name under which	income received)			
Provide	e a brief description of the	nature of the services for which the co	ompensation was received			
c) C	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of employer o	r source of income)			
		(addre	ess)			
		(name under which	income received)			
Provide	e a brief description of the	nature of the services for which the co				
			·			

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	NIA	☐ More than \$12,500
		(name of cor	poration, firm or enterprise	
_			(address)	
o diless		(name unde	er which investment held)	
b)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
		(name of corp	poration, firm or enterprise)	
	***************************************		(address)	W-5-
		(name unde	er which investment held)	
c)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
		(name of corp	poration, firm or enterprise)	
			(address)	
_		(name unde	er which investment held)	
d)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
		(name of corp	ooration, firm or enterprise)	
			(address)	
		(name unde	er which investment held)	
e)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
		(name of corp	poration, firm or enterprise)	
			(address)	
_		(name unde	er which investment held)	
f)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
5000		(name of corp	poration, firm or enterprise)	
			(address)	
		(name unde	er which investment held)	

SECTION 5- OFFICE OR DIRECTORSHIP

(amount owed)

regulatory agency of this State, or of any of its political subdivisions. (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) (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) / Cred.+ (name of creditor) (name of creditor)

100 Kon. 42 D. Crepe vine TX 74.51

(address of creditor) (name of creditor) (address of creditor) (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. (name of governmental body) (address of governmental body) (amount owed) (nature of the obligation) (name of governmental body) (address of governmental body)

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a

(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

a)	NIA	
-		(name)
b)		(address)
·)		(name)
		(address)
SECT	TION 9- GIFTS	
your senterta are a n Interest reimbu	pouse and of each gift of more than \$250 ainment, advance, services, or anything on number of exceptions to the definition of st prepared for use with this form. (Note urses the person from whom the item was the date the item was received.)	able estimate of the fair market value of each gift of more than \$100 received by you of received by your dependent children. The term "gift" is defined as "any payment, if value unless consideration of equal or greater value has been given therefor." There "gift." Those exceptions are set forth in the Instructions for Statement of Financial The value of an item shall be considered to be less than \$100 if the public servant received any amount over \$100 and the reimbursement occurs within ten (10) days
a)	1500 Campaign	(description of gift)
	1-4-24	9 3 cc
	(date)	(fair market value)
	N EK.	(description of gift) # 3cc (fair market value) Bell ager (source of gift)
b)	\$102 Campaina	class two
		(description of gift)
	1- 4 . 2 · [data]	(fair market value)
	(date)	Convente.
		(source of gift) (description of gift) (fair market value) (source of gift)
c)		(description of gift)
	(date)	(fair market value)
-		(source of gift)
15		(source of girt)
d)		(description of gift)
	(date)	(fair market value)
	1	(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 lifelong 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)	NA		
	1	(description of award)	
	(date)	(fair market value)	
		(source of award)	
b)			
		(description of award)	
	(date)	(fair market value)	
	and the state of second	(source of award)	
c)			
		(description of award)	
A Sur mar mar mar mar mar mar mar mar mar ma	(date)	(fair market value)	**************************************
	1. 1444	(source of award)	
d)			
		(description of award)	
	(date)	(fair market value)	**
		(source of award)	
	£		
	ON 11- NONGOVERNMENTAL		
List each	ch nongovernmental source of payme ou appear in your official capacity with the control of the c	of your expenses for food, lodging, or travel which bears a relationship to n the expenses incurred exceed \$150.	your offic
a)	1-114		
		name of person or organization paying expense)	
		(business address)	
	(date of expense)	(amount of ex	pense)
		(nature of expenditure)	
b)			3,000
		name of person or organization paying expense)	
		(business address)	
	(date of expense)	(amount of exp	pense)
		(nature of expenditure)	-

SECTION 14- SIGNATURE

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

Signature Cape To

STATE OF ARKANSAS

Subscribed and sworm before the this 11 day of

Notary Publ

My commission expires. 2314-2032

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

(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.

SECT	ION 1- NAME AND ADDRESS		
Name	ADWE! SARBAPA	J.	
Addres	s 57 Past Herander AR	(Middle)	_
	(Street of P.O. Box Rumber) (City) (State)	(Zip Code)	_
Spouse	's name		
All nan	nes under which you and/or your spouse do business:	(Middle)	
		YB Y	501.00
SECTI	ON 2- REASON FOR FILING	180	_
D /	Public Official	JAN I	
	Candidate	0 20	F
	District Judge	AM 9:	
	City Attorney	19	_
	(name of city)		-
	State Government: Agency Head/Department Director/Division Director	nent/division)	
	(name of Constitutional Officer, Senate, or House of Representative Public appointee to State Board or Commission	res)	
	School Board member(name of board/commission)	and the second s	
	(name of school district) Candidate for school board		enere
	Public or Charter School Superintendent		-
	(name of school district/school) Executive Director of Education Service Cooperative		-
	Advertising and Promotion Commission member		-
	(name of advertising and promotion commissing Research Park Authority Board member under A.C.A. § 14-144-201 et seq	ion)	-
	(name of research park	authority board)	-

SECT	ION 2- REASON FOR	FILING (continued)	
	Appointee to one of the ☐ Planning board or co	e following municipal, county or reg ommission	gional boards or commissions (list name of board or commission):
	☐ Airport board or cor	nmission	
	☐ Water or Sewer boar	rd or commission	
	☐ Utility board or com	mission	1 +
	☐ Civil Service comm	ssion	
SECTI	ON 3- SOURCE OF IN	COME	
or your that con accoun	spouse receives gross in astitute a portion of the grants, attorneys, farmers,	come amounting to more than \$1,00 ross income of the business or profe	you, your spouse, or any other person for the use or benefit of you to. (You are not required to disclose the individual items of income ssion from which you or you spouse derives income. For example: heir individual clients.) If you receive gross income exceeding
a) C	heck appropriate box:	More than \$1,000	More than \$12,500
		BARBA DA	or or source of income) A Company of the company o
Provide	e a brief description of the	e nature of the services for which the	e compensation was received
b) Che	eck appropriate box:	More than \$1,000	ne Our Han \$12,500
		of Dulyeed	idress) 6 Chincome received)
Provide	a brief description of the	e nature of the services for which the	e compensation was received
c) C	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of employe	er or source of income)
		(ac	idress)
***************************************		(name under wh	ich income received)
Provide	a brief description of the	nature of the services for which the	e 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
	1.2	(name of con	poration, firm or enterprise)
Union to the last of the last			(address)
		(name und	er which investment held)
b)	Check appropriate box:	☐ More than \$1,000	More than \$12,500
-		(name of cor	oration, firm or enterprise)
			(address)
		(name und	er which investment held)
c)	Check appropriate box:	☐ More than \$1,000	More than \$12,500
		name of cor	poration, firm or enterprise)
523			(address)
		(name und	er which investment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of cor	oration, firm or enterprise)
	The second secon	Manager Manager and Association of the Control of t	(address)
		(name und	er which investment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corp	oration, firm or enterprise)
			(address)
		(name unde	r which investment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corp	oration, firm or enterprise)
			(address)
		(name unde	r 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)	
	ame of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
b)	(nam) of office holder)
(na	ame of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
The second secon	(name of office holder)
SECTION 6- CREDITORS	
List each creditor to whom the value of five thosoutstanding. (This does not include debts owed financial institution or a person who regularly as	usand dollars (\$5,000) or more was personally owed or personally obligated and is still to members of your family or loans made in the ordinary course of business by either and customarily extends credit.)
a)	
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
c)	(andress of creditor)
	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWE	D TO GOVERNMENT
List the name and address of each governmental the nature of the amount of the obligation.	body to which you are legally obligated to pay a past-due amount and a description of
a)	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(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 o extended and refinanced after Jan. 1, 1989. Members of you	f yours that is still r family who are y	outstanding. (This includes debt guarantors arising or our guarantors are not required to be disclosed.)
a)		
	(name)	
b)	(address)	
SECTION 9- GIFTS		
List the source, date, description, and a reasonable estimate of your spouse and of each gift of more than \$250 received by y entertainment, advance, services, or anything of value unless are a number of exceptions to the definition of "gift." Those Interest prepared for use with this form. (Note: The value of reimburses the person from whom the item was received any afrom the date the item was received.)	our dependent chi consideration of e exceptions are set an item shall be c	Idren. The term "gift" is defined as "any payment, qual or greater value has been given therefor." There forth in the Instructions for Statement of Financial considered to be less than \$100 if the public servent
	description of gift	
(date)		(fair market value)
b)((source of gift)	
(date)	1/1	(fair market value)
c)	(source of gift)	
	description of gift	
(date)		(fair market value)
i)	(source of gift)	
	description of gift)	,
, (date)	and the same of th	(fair market value)
	(source of gift)	
(6	description of gift)	
(date)	TOTAL CONTRACTOR OF THE STREET	(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)		
	(description of award)	
(date)	(fair marke	t value)
	(source of award)	
b)		
	(description of award)	
(date)	(fair market	t value)
c)	(source of award)	
	(description of award)	
(date)	(fair market	t value)
	(source of award)	
d)		
	(description of award)	
(date)	(fair market	value)
	(source of award)	
	accommon and spondantary	
SECTION 11- NONGOVERNMENTAL SOU	RCES OF PAYMENT	
List each nongovernmental source of payment of when you appear in your official capacity when t	your expenses for food, lodging, or travel which bear ne expenses incurred exceed \$150.	rs a relationship to your off
a)		
(na	ne of person or organization paying expense)	
	(business address)	
(date of expense)	\$\$	(amount of expense)
	(nature of expenditure)	The second secon
)	(anjayor suphamas)	
(na	ne of person or organization paying expense)	
	(business address)	
(date of expense)	\$	(amount of expense)
	(nature of expenditure)	
	THAILIE OF EXDERIGHTED	

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 so	erve.

	(name of business)
and the second section of the s	(governmental body which regulates or controls)
b)	/ A *
	(name of business)
c)	(governmental body which regulates or controls)
-	(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)	
b)	(compensation paid)	
	(goods or services)	
	(governmental pody 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)	
Annual Control of the	(compensation paid)	

SECTION 14- SIGNATURE

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

Balow Wowlell

STATE OF ARKANSAS

COUNTY OF Saline 5

wascobed all work before me this

_ day of _

of January

Notary Public

ARRINGTOTE Noticry Seal)

M. CO. Q. Q. Q.

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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- * 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

Thurston, Secretary of State Woodlane Street Rock, AR 72201 e (501) 682-5070	Calendar year covered 2023 (Note: Filing covers the previous calendar)	SALINE ryear) ROBATE & C 2024 JAN 1	Tall Free (900) 422 7772
501) 682-3548	Is this an amendment? Yes No		
ng "Not Applicable" in that section	If the information requested in a particular seen. Do not leave any part of this form blank, ile this form with the Arkansas Ethics Comm	If additional space i	to you, indicate such by
	Keith		Michael
e Kellum (Last) ress 12708 Dodder Drive	Alexander (First)	AR	(Middle) 72002
(Street or P.O. Box Notes 501-249-4083	Number) (City)	(State)	(Zip Code)
ise's name Kellum	Terry		Lynn
(Last)	(First) r spouse do business: Keith M. Kellum, Keith K	ellum, Terry L. Kellum,	(Middle) Terry Kellum
TION 2- REASON FOR FILING	<u>G</u>		
Public Official			
Public Official	(office held) ace - District 4		
-	(office held) ace - District 4 (office sought)		
Candidate Justice of the Pe	(office held) (office sought) (name of district)		
Candidate	(office held) (office sought) (name of district) (name of city)		
Candidate	(office held) (office sought) (name of district)		ncy/department/division)
Candidate	(office held) acce - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director	(name of ager	
Candidate	(office held) ace - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director	(name of ager	
Candidate Justice of the Pe District Judge City Attorney State Government: Agency He Chief of Staff or Chief Deputy Public appointee to State Boar	(office held) ace - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director _ (name of Constitutional Officer, Section of the constitutional Officer) (name of the constitutional Officer)	(name of ager	
Candidate Justice of the Pe District Judge City Attorney State Government: Agency He Chief of Staff or Chief Deputy	(office held) acce - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director (name of Constitutional Officer, Street or Commission (name of both	(name of ager Senate, or House of Re	
Candidate Justice of the Pe District Judge City Attorney State Government: Agency He Chief of Staff or Chief Deputy Public appointee to State Boar	(office held) ace - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director _ (name of Constitutional Officer, Sound or Commission	(name of ager Senate, or House of Re	
Candidate Justice of the Pe District Judge City Attorney State Government: Agency He Chief of Staff or Chief Deputy Public appointee to State Boar School Board member	(office held) ace - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director _ (name of Constitutional Officer, Series of Commission	(name of ager Senate, or House of Re	
Candidate	(office held) ace - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director _ (name of Constitutional Officer, Series of Commission	(name of ager Senate, or House of Re	
Candidate	(office held) ace - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director _ y (name of Constitutional Officer, S rd or Commission	(name of ager Senate, or House of Re	
Candidate Justice of the Pe District Judge City Attorney State Government: Agency He Chief of Staff or Chief Deputy Public appointee to State Boar School Board member Candidate for school board Public or Charter School Supe Executive Director of Education	(office held) ace - District 4 (office sought) (name of district) (name of city) ead/Department Director/Division Director _ (name of Constitutional Officer, Series of Co	(name of ager Senate, or House of Re ard/commission)	presentatives)

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

SECT	ION 2- REASON FOR I	FILING (continued)	
	Appointee to one of the ☐ Planning board or co	following municipal, county or regional bommission	oards or commissions (list name of board or commission):
		nmission	
	☐ Water or Sewer boar	d or commission	
	☐ Utility board or com	mission	
		ssion	
List ca		other source of income from which you, yo	ur spouse, or any other person for the use or benefit of you
hat con	nstitute a portion of the grants, attorneys, farmers,	oss income of the business or profession fr	u are not required to disclose the individual items of income om which you or you spouse derives income. For example: lividual clients.) If you receive gross income exceeding
a) C	Check appropriate box:	More than \$1,000 Veterans Administration	More than \$12,500
		(name of employer or sor 2200 Fort Roots Drive, North Little Rock, A	
		(address) Keith M. Kellum	No. 1. April 1997 State Control of the Control of t
		(name under which inco	ome received)
Provid	e a brief description of the	e nature of the services for which the comp	ensation was received Disability
o) Ch	eck appropriate box:	More than \$1,000 Social Security Administration	☑ More than \$12,500
		(name of employer or so Rm 1201 Federal Building, 700 W. Capitol A	
		(address) Keith M. Kellum	
		(name under which inco	ome received)
Provid	e a brief description of the	e nature of the services for which the comp	ensation was received SSI Benefits
e) (Check appropriate box:	More than \$1,000 Defense Finance Accounting Service	☐ More than \$12,500
		(name of employer or so 8899 E, 56th Street, Indianapolis, IN 46249-13	
		(address)	

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

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

(name under which income received)

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. More than \$1,000 More than \$12,500 a) Check appropriate box: Social Security Administration (name of employer or source of income) Rm 1201 Federl Building, 700 W. Capitol Avenue, Little Rock, AR 72201 (address) Terry L Kellum (name under which income received) Provide a brief description of the nature of the services for which the compensation was received SSI Benefits More than \$12.500 b) Check appropriate box: More than \$1,000 Arkansas Public Employees Retirement System (name of employer or source of income) 124 W. Capitol Avenue, Little Rock, AR 72201 (address) (name under which income received) Provide a brief description of the nature of the services for which the compensation was received State Retirement More than \$12,500 More than \$1,000 c) Check appropriate box: (name of employer or source of income)

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

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

(address)
(name under which income 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, 3217 N. Reynolds Road, Bryant, AR 72022	firm or enterprise)		
	(address)				
_		Keith M. & Terry L. Kellum			
	(name under which investment held)				
b)	Check appropriate box:	More than \$1,000 Arkansas Federal Credit Union	☑ More than \$12,500		
		(name of corporation, f	îrm or enterprise)		
-		(addres Keith M. & Terry L. Kellum	ss)		
		(name under which i	nvestment held)		
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
_	(name of corporation, firm or enterprise)				
	(address)				
-		(name under which is	nyortmost hold)		
		(name under which is	nvesument neid)		
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)				
(name under which investment held)			avesnikan netuj		
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
-	(name of corporation, firm or enterprise)				
-	(address)				
		(name under which is	nvestment held)		

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 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 regulatory agency of this State, or of any of its political subdivisions.
a)

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 fi outstanding. (This does not include debts financial institution or a person who regul	we thousand dollars (\$5,000) or more was personally owed or personally obligated and is still s owed to members of your family or loans made in the ordinary course of business by either a larly and customarily extends credit.)
a)	
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
.)	(address of creditor)
c)	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS	OWED TO GOVERNMENT
	mental body to which you are legally obligated to pay a past-due amount and a description of
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

		(many)
		(name)
b)		(address)
TALL CONTRACTOR		(name)
		(address)
SECTION 9- (GIFTS	
your spouse and entertainment, a are a number of Interest prepare reimburses the from the date th	d of each gift of more than \$250 received by advance, services, or anything of value unles of exceptions to the definition of "gift." Those defor use with this form. (Note: The value of person from whom the item was received any the item was received.)	of the fair market value of each gift of more than \$100 received by you your dependent children. The term "gift" is defined as "any payment, is consideration of equal or greater value has been given therefor." There exceptions are set forth in the Instructions for Statement of Financial of an item shall be considered to be less than \$100 if the public servant y amount over \$100 and the reimbursement occurs within ten (10) days
)		(description of gift)
	(date)	(fair market value)
		(source of gift)
)		
		(description of gift)
	(date)	(fair market value)
		(source of gift)
		(description of gift)
:)		
>)	(date)	(fair market value)
>)	(date)	(fair market value) (source of gift)
i)	(date)	
i)	(date)	(source of gift)
i)		(source of gift) (description of gift) (fair market value)
		(source of gift) (description of gift)
i)		(source of gift) (description of gift) (fair market value)

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 lifelong 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)
SECTION 11- NONGOVERNMENTAL SO	DURCES 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 whe	n 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)
	(manus or 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. (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (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. (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid)

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

(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

STATE OF ARKANSAS

COUNTY OF DOLLAR

Subscribed and sworn before me this

____ day of

JENNIFER C. DORSEY
OFFICIAL SEAL NOTARY PUBLIC
GATEGRID CONTARY AND ANSAS

COMMISSION #12716295 MY COMMISSION EXPIRES 9/23/203

My commission expires:

Henrica (

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 <u>previous</u> 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.

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 Address 708 City, State and Zip Phone Number: 72002 501-249-4083 Office Sought District Number (Clerk's File Stamp) dustice o 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 ☑ Primary ☐ Primary Runoff ☐ General ☐ General Runoff ☐ Special ☐ Annual School ☐ Annual School Runoff 3. Type of Report: (check one) This report covers what period? (/ 1 / 123) through (12 1 3 23) V **Annual report** Preelection report Final report (check method by which remaining campaign funds were disposed)* *If the campaign has not ended, disposal of □ Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund) campaign funds is not ☐ A political party as defined in Ark. Code Ann. § 7-1-101 or a political party caucus of the Arkansas General required and the Assembly, the Senate, or the House of Representatives candidate may carry □ Contributors to the candidate's campaign forward any remaining campaign funds to the □ 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 next election in the cycle Supplemental Report for that same office. SUMMARY FOR REPORTING PERIOD **CUMULATIVE TOTAL** 4. Balance of campaign funds at beginning of reporting period 50.00 5. Interest (if any) earned on campaign account 6. Total Loans (enter total from line 13) 3555,00 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 1093.2 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. Candidate of Candidate's Representative Signature of Sworn to and subscribed before med Bolary Public, in and for Colum GARLAND COUNTY ARRANSAS Notary Signature COMMISSION #12716295

My COMMISSION EXPIRES 9-22-2031 My Commission Expires: 1 My Commission My Commission Expires: 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
4/27/23	Kith Kellown 1270g Dodder Dr. Alexand y AR 72002	Kith Kellum	\$400.00
1/2/23	Kith Kelling	Keith Kellum	\$400,00
25/23	Keith Kellum 12708 Dodder Dr Alexander AR 72002	Keith Kellyun	\$ 1505,02
1/10/23	Kuith Kellum 12708 Doddow Dr. Alexander, AR 72002	Keigh Kellin	#350.00
1/3/23	Kith Killiam 12708 Dodder Dr. Alexandy, AR 72002	Keidh Kellin	\$400,00
1/5/23	Keith Kellum 12708 Doddy Dr. Alexander, AR 72003	Keith Kellyn	\$ 500.00
	13. TOTAL LO	DANS DURING REPORTING PERIO	D \$ 3585,02

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.

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	Beston, AR 72019	tookies for funtraise	\$ 76,50	\$76,50
	15. TOTAL NONMONE	Y 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.

16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

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

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Tota From This Contributor
11/15/23	Scott Bray 1021 Hickory Creek Dr. Alexander, AR 72002	Nene/ Envistor	Primary	\$500.00
1/15/23	Stephanic Duke 603 N. Market St. Benton, AR 72015	Duke Form: ly LIL Portnershipp Re-1 Fstate	☑Primary ☐ Run-Off ☐General ☐ Debt	\$ 500.00
		F-1 F-35-16	□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Co	ontributions This Page	#1000.00	

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print Date Full Name and Mailing Address of Contributor Place Of Business Amount of **Cumulative Total** Employer/Occupation From This Contributor Contribution □Primary □ Run-Off
□General □ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt 17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 # 1000,00 18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS 19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 17 and 18) #3392.59

20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CA	TEGORY	TOTAL AMOUNT
Filing Fee		4360.00
Television Advertising		3 6 0.00
Radio Advertising		
Newspaper Advertising		
Other Advertising		#4/3/54
Office Supplies		1826,37
Rent		
Utilities		
Telephone		
Postage		
Direct Mail		
Travel Expenses		
Entertainment		
Fundraising		#012 50
Repayment of Loans		812.50
Returned Contributions		
Consultant Fees		
Polis		
Paid Campaign Workers		
Other (list)	Raise the Money Fees	\$55.36
	21. TOTAL CAMPAIGN EXPENDITURES	95854.40

22. PAID CAMPAIGN WORKERS

NAME OF WORKER	AMOUNT PAID	ign, does not have to be full-time worker) NAME OF WORKER	AMOUNT PAID
The second secon			
		23. TOTAL PAID CAMPAIGN WORK	

Poge 1 of 2

24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

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

Name and Address of Supplier/Payee	(Use copies of this page as r		Tylescone or the second
	Description of Expenditure	Date of Expenditure	Amount of Expenditu
Vista print	Business Cards	-1-6	+
275 Wyman St. Waltham, MA 02451		7/13/23	\$155,48
Cabin 3H	Fundreiser	0/-/	
18311 4-30	Venus Pint	8/23/23	\$325,00
Benton, AR 72015	1st /2 Rendal		223,00
Vista print 275 Lyman St.	Handont	6/1-	
		9/2/23	\$127.26
Waltham, MA 03451	cards		1-1.26
Signs on the Cherp	V /		#
11525 A Stonehollow Dr.	Yard signs	9/25/23	\$ 1505,02
Anstin, TX 78758		1/2 1/23	1.2
Bulk Apparil		, ,	
1001 Brickell Bay Dr.	T-54:175	9/27/23	\$103,75
Miamiy FL 33131	7//	17.72	102, 15
Cabin 3H	C 1	, ,	
18311 I-30	Fundraiser Venue Rental	10/18/23	\$ 225,00
Bonton, AF 72015	2nd 12	1-/10/23	223,00
Vistaprint	2016 /2		
	Door Hongers	1.1.1	#
	7/	10/06/03	#123.23
Sams dlub			
700 S. Bowman Rd.	Fundraiser	1.11	#
L: HR Rockyf. R	Food	11/4/23	\$141.17
Wal-Mart			
400 Bryant Ave.	Funducisa	//	8
	Food	11/8/23	8/63,50
Bryant, AR 7101			
Krista Grefe	T-Shirt	1-1-	0.50
395 Christy Lane		11/8/23	\$ 150,00
BentoniAR 72015	Printing	, ,	
c County Republican Committee	C		0
5 N. Market St.	Filing Fcc	12/1/23	\$360.00
enton, AR 72015	/	17/2	
TOTAL ITEMIZED EXPENDITURES	THIS REPORT		
TOTAL NONITEMIZED EXPENDITION	DEC THE DEDART		
TOTAL NONITEMIZED EXPENDITUI TOTAL PAID CAMPAIGN WORKER: TOTAL EXPENDITURES THIS REPO	S THIS REPORT (enter amount of	izom line 22)	

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

Page 20 F2

24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print

	(Use copies of this page as r	neded)	
Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Vistaprint 275 Wyman St. Waltham, MA 02451	Handout Cards		\$108,56
Carter Outdoor Advertis: 23111 I-30 South Bryant, AR 72022	Bill Boards Sct np	12/14/23	\$1800.00
25 TOTAL ITEMIZED EVACUUM			
25. TOTAL ITEMIZED EXPENDITURES 1 26. TOTAL NONITEMIZED EXPENDITURE	HIS REPORT		\$5187.97
27. TOTAL PAID CAMPAIGN WORKERS	THIS REPORT Jenter amount &	rom line 23)	8 666.43
28. TOTAL EXPENDITURES THIS REPO	RT (includes lines 25, 26 and 2	7)	\$ 5854.40

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

29. OUTSTANDING CAMPAIGN DEBTS (including unpaid loans) To Be Completed On Candidate's Final Report For An Election

Please Type or Print Use additional pages if necessary

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF DEBT	CURRENT BALANCE
-		
	The state of the s	

		-
