

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.

FILED
 SALINE COUNTY
 PROBATE & COUNTY CLERK
 2023 JAN 22 PM 1:15
 Nathan

SECTION 1- NAME AND ADDRESS

Name Bisbee Patrick Nathan
(Last) (First) (Middle)
 Address 21887 Mountain Maple Circle / Hensley AR 72065
(Street or P.O. Box Number) (City) (State) (Zip Code)
 Phone 501-828-7911

Spouse's name Bisbee Chantelle Amanda
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Pat Bisbee, Patrick Bisbee, N.P. Bisbee
P.N. Bisbee, P. Bisbee, Chantelle Bisbee, Patrick + Chantelle Bisbee

SECTION 2- REASON FOR FILING

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

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

SECTION 2- REASON FOR FILING (continued)

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

SECTION 3- SOURCE OF INCOME

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

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

Arvest Bank

(name of employer or source of income)
801 John Barrow Road / Little Rock, AR 72205

(address)
Pat Bisbee

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received on Mortgage
Credit Reporting

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

Saline County, Arkansas

(name of employer or source of income)
200 N. Main Street / Benton, AR 72015

(address)
Pat Bisbee

(name under which income received)

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

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

Baptist Health - Little Rock

(name of employer or source of income)
9601 Baptist Health Drive / Little Rock, AR 72205

(address)
Chantelle Bisbee

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Nurse - R.N.

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) 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.

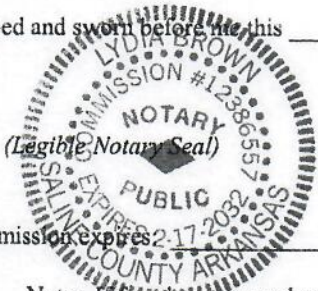
Pat [Signature]

Signature

STATE OF ARKANSAS

COUNTY OF SALINE } ss

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



Lydia Brown

Notary Public

My commission expires _____

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

IMPORTANT

Where to file:

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

General Information:

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

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

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Arkansas Ethics Commission
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Toll Free (800) 422-7773

Is this an amendment? Yes No

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SECTION 1- NAME AND ADDRESS

Name SCHOLZ, James
(Last) (First) (Middle)
Address 17481 Oak Forest Dr. Mabelvale AR 72103
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501 222 9303

Spouse's name SCHOLZ, Susanne
(Last) (First) (Middle)

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

The Tree Farm of Mabelvale

SECTION 2- REASON FOR FILING

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

US ARMY

(name of employer or source of income)

(address)
James Scholz

(name under which income received)

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

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

Social Security Administration

(name of employer or source of income)

(address)
James Scholz

(name under which income received)

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

- 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
The Tree Farm of Mabelvale

(name of corporation, firm or enterprise)

17481 Oak Forest Dr., Mabelvale, AR 721

(address)

James and Susanne Scholz

(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) The Tree Farm of Mabelvale

_____ (name of business, corporation, firm, or enterprise)
17481 Oak Forest Dr. Mabelvale AR 72103 _____
_____ (address)
Owner (50%) _____
_____ (office or directorship held)
James and Susan Scholz _____
_____ (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) M&F BANK _____
_____ (name of creditor)
500 Hwy 65 South, Dumas, AR 71639 _____
_____ (address of creditor)

b) Sierra Pacific Mortgage _____
_____ (name of creditor)
950 Glenn Drive, Suite 150, Folsom, CA 95630 _____
_____ (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 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)

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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) 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 14- SIGNATURE

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

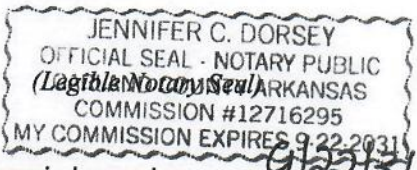
[Handwritten Signature]

Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 31 day of January, 2024.



[Handwritten Signature]

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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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
JAMES SCHOLTZ

Address
17481 OAK FOREST DR

City, State and Zip
MABELVALE, AR 72103

Office Sought
JP District Number
2

Phone Number:
501 952 7093

Does the candidate have a campaign committee? () Yes (X) 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

(Clerk's File Stamp)

FILED
SALINE COUNTY
ROBATE & COUNTY CLERK
JUN 23 AM 10:19

3. Type of Report: (check one)

Annual report
 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

This report covers what period? (**01/10/23**) through (**12/31/23**)

*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	
5. Interest (if any) earned on campaign account	0	
6. Total Loans (enter total from line 13)	0	
7. Total Monetary Contributions (enter total from line 19)	2000.00	
8. Total Expenditures (enter total from line 28)		
9. Balance of campaign funds at close of reporting period		
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.

James Scholtz
Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for _____, County, Arkansas, on this _____ day of _____.

(Legible Notary Seal)

Notary Signature _____

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.

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
11/7/23	JAMES SCHOLZ 17481 OAK FOREST DR. MADELVALE, AR 72103	N/A	2000.00
13. TOTAL LOANS DURING REPORTING PERIOD			\$ 2000.00

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.

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
	N/A			
15. TOTAL NONMONEY CONTRIBUTIONS			Ø	

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.

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
11/16/23	STEPHANIE DUKE 603 N. MARKET ST. BENTON, AR 72015		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	300.00
			<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	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200			300.00	
18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS			-0-	
19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 17 and 18)			300.00	

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

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
	- N/A -		<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	- 0 -
			<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			- 0 -	
18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS				
19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 17 and 18)			- 0 -	

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.

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 2024
(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 Hatcher Everette Milton
(Last) (First) (Middle)
Address 13900 CottenTail Lane Alexander, AR 72002
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-920-5733
Spouse's name Hatcher Jill Sawyer
(Last) (First) (Middle)

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

SECTION 2- REASON FOR FILING

- Public Official Justice of the Peace
(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
JAN 30 PM 12:43
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 _____

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

DEF
5301 Northshore Drive, North Little Rock, AR 72118 (name of employer or source of income)
Everette Hatcher III (address)
(name under which income received)

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

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

City of Shannon Hills (name of employer or source of income)
10401 High Road East, Shannon Hills, AR 72103 (address)
Jill Hatcher, City Council Member (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) 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 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.

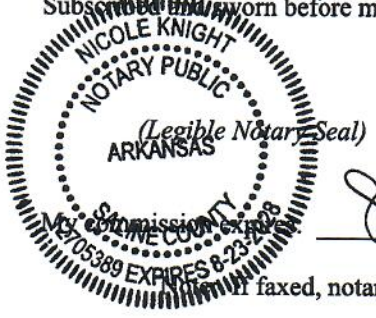
Signature *[Handwritten Signature]*

STATE OF ARKANSAS

COUNTY OF Saline, ss

Subscribed and sworn before me this 30th day of January, 2024.

Nicole Knight
Notary Public



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 <u>Chism</u>	<u>Lela</u>	<u>Diane</u>
(Last)	(First)	(Middle)
Address <u>13116 Carousel Court</u>	<u>Alexander</u>	<u>AR</u>
(Street or P.O. Box Number)	(City)	(State)
Phone <u>501-672-1634</u>	<u>501-507-2130</u>	<u>72002</u>
(Street or P.O. Box Number)	(City)	(Zip Code)
Spouse's name _____		
(Last)	(First)	(Middle)
All names under which you and/or your spouse do business: <u>None</u>		

SECTION 2- REASON FOR FILING

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

BY _____
 2024 JAN 30 PM 2:38
 SALINE COUNTY
 PROBATE & COUNTY CLERK
 FILED

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

City of Little Rock _____
 (name of employer or source of income)
 500 W Markham Little Rock AR 72001 _____
 (address)
 Lela D Chism _____
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received _____
 Full time employment in the City's Finance Department

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

NA

(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) State of Arkansas - Depart of Fin and Administration

PO Box 8090 Little Rock AR 72203

(name of governmental body)

(address of governmental body)

578.90

2022 Taxes in Payment Plan

(amount owed)

(nature of the obligation)

b) State of Arkansas - Dept of Fin

(name of governmental body)

(address of governmental body)

694.00

2023 Taxes either to be set off or will set up for payment plan

(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) NA

(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.

Lala Chosen
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 30 day of January, 2024.



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

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:

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

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

STATEMENT OF FINANCIAL INTERESTS

FILED
 SALINE COUNTY
 CLERK
 2024 JAN 19 10:35
 For assistance in completing this form contact the Arkansas Ethics Commission
 Phone (501) 682-9600
 Toll Free (800) 422-7773

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)

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 ALLMOND TIMOTHY MARTIN
(Last) (First) (Middle)
 Address 1103 Edgewood Dr BRYAN AR 72022
(Street or P.O. Box Number) (City) (State) (Zip Code)
 Phone (501) 213 5619
(Street or P.O. Box Number)
 Spouse's name ALLMOND RENA Hope
(Last) (First) (Middle)
 All names under which you and/or your spouse do business: Steel Resolve, LLC
DBA ALLMOND Storer

SECTION 2- REASON FOR FILING

- Public Official _____
- Candidate Justice of the Peace District 3
(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)

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

PARTS WAREHOUSE, INC (name of employer or source of income)
1901 E. ROOSEVELT ROAD Little Rock AR 72200 (address)
TIMOTHY M. ALLMOND (name under which income received)

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

- 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.

N/A

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 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)
- b) _____
(compensation paid)

(goods or services)

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

(goods or services)

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

(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

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

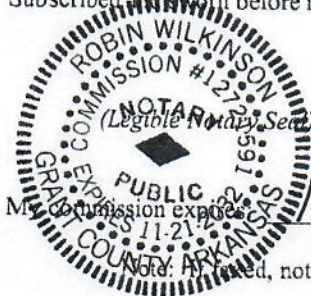
[Signature]
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 9th day of January, 20 24.

[Signature]
Notary Public



11-21-25

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 BILLINGSLEY CARLTON SCOTT
(Last) (First) (Middle)
 Address 1509 WOODLAND PARK RD BRYANT AR 72022
(Street or P.O. Box Number) (City) (State) (Zip Code)
 Phone 501 940-2909
 Spouse's name BILLINGSLEY KIMBERLY A
(Last) (First) (Middle)
 All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official JUSTICE OF THE PEACE DISTRICT 3
(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
 2023 JAN 30 AM 10:31

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

Floors + More, Inc.
(name of employer or source of income)
PO Box 2560 Benton AR 72018
(address)
Carlton Billingsley
(name under which income received)

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

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

SALINE COUNTY
(name of employer or source of income)
200 N MAIN ST Benton AR 72015
(address)
Carlton Billingsley
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received JP # 3

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

BAPTIST HEALTH
(name of employer or source of income)
9601 BAPTIST HEALTH DR LIR AR 72207
(address)
Kimberly Billingsley
(name under which income received)

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

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
BCDK ENTERPRISES
(name of corporation, firm or enterprise)
1509 WOODLAND PARK RD BRYANT AR 72022
(address)
CARLTON BILLINGSLEY
(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) _____
(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) _____
(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) _____ (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 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.

[Handwritten Signature]
Signature

STATE OF ARKANSAS

COUNTY OF

Saline ss

30th

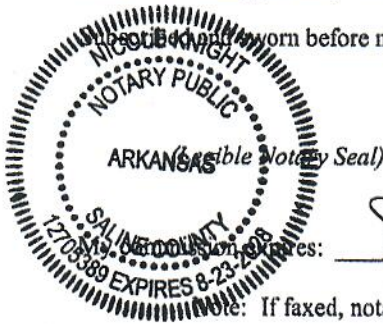
day of

January

, 20

24

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.
- 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:

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- * The filing covers the previous calendar year.
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- * Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
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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 2024
(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 WEST MARTHA ELAINE
(Last) (First) (Middle)
Address 1915 FOXGLOVE DR BRYANT AR 72022
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-909-3367
Spouse's name N/A
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Martha West
The Committee to Elect Martha West

SECTION 2- REASON FOR FILING

- Public Official _____
(office held)
- Candidate JUSTICE OF THE PEACE SALINE COUNTY DISTRICT #3
(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
ROBERT & COUNTY CLERK
2024 JAN 31 AM 11:48

SECTION 2- REASON FOR FILING (continued)

- N/A* 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

Auto-Owners Insurance
(name of employer or source of income)
10816 EXECUTIVE Center Drive Little Rock, AR 72211
(address)
MARTHA WEST
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received *Insurance Auditing*

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

N/A
(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

N/A
(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: N/A 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

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

(address)

(name under which investment held)

c) 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)

d) 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)

e) 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)

f) 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)

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) N/A (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) _____ (name of governmental body) N/A _____ (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) _____ (name)
 _____ (address)
 _____ (name)
 _____ (address)

N/A

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) 100.00 cash donation to campaign (description of gift)
11-01-2023 (date) 100.00 cash (fair market value)
Martha West paycheck (source of gift)
- b) 500.00 cash donation to campaign (description of gift)
11-22-2023 (date) 500.00 cash (fair market value)
Holiday Bonus (source of gift)
- c) 250.00 check donation to campaign (description of gift)
12-06-2023 (date) 250.00 cash (fair market value)
Sherry Jensen 524 Conway St. Benton, AR (source of gift) -Nurse@ St. Vincent Hosp L.R.
- d) 350.00 check donation to campaign (description of gift)
12-17-2023 (date) 350. CASH (fair market value)
Saline County Democrat Party campaign donation (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) N/A (description of award)

(date) (fair market value)

(source of award)

c) N/A (description of award)

(date) (fair market value)

(source of award)

d) N/A (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) N/A (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) N/A (name of business)

(governmental body which regulates or controls)

c) N/A (name of business)

(governmental body which regulates or controls)

d) N/A (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) N/A (goods or services)

(governmental body to whom sold)

(compensation paid)

c) N/A (goods or services)

(governmental body to whom sold)

(compensation paid)

d) N/A (goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

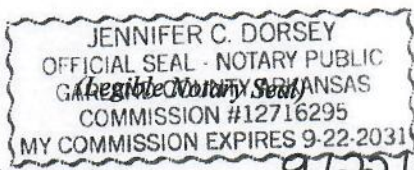
I certify under penalty of false swearing that the above information is true and correct.

Ma H West
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 31 day of January, 20 24.



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

Where to file:

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

General Information:

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

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

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 MARTHA E. WEST

Address 1915 FOXGLOVE DR.

City, State and Zip BRYANT, AR 72022 Phone Number: 501-909-3367

Office Sought JP District Number 3 (Clerk's File Stamp)

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

Name of Chairperson/Treasurer: MARTHA WEST

Mailing Address P.O. Box 178 Bryant, AR 72089 Phone Number: 501-943-8406

2. Type of Election: (check only one) Year of Election 2024
 Primary Primary Runoff General General Runoff
 Special Annual School Annual School Runoff

3. Type of Report: (check one) This report covers what period? (11 / 123) through (12 / 131 / 123)
 Annual report
 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

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at beginning of reporting period	0	
5. Interest (if any) earned on campaign account	-	
6. Total Loans (enter total from line 13)	-	
7. Total Monetary Contributions (enter total from line 19)	1384.91	
8. Total Expenditures (enter total from line 28)	269.85	
9. Balance of campaign funds at close of reporting period	1115.06	
10. If this is candidate's final report for an election, amount of remaining campaign funds or outstanding indebtedness (use brackets to indicate debt)	1115.06	

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.

Martha West
Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for _____, County, Arkansas, on this _____ day of _____.

(Legible Notary Seal)

Notary Signature _____


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.

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.

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
	N/A		
13. TOTAL LOANS DURING REPORTING PERIOD			\$ 

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	Fair market value of item	Contributed by This Contributor
	N/A			
15. TOTAL NONMONEY CONTRIBUTIONS				0

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.

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.

5. 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
11/22/23	Martha West 1915 Foxglove Dr. Bryant, AR 72022	Auto-Owners Ins Insurance Policy Auditor	<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt 500	500
12/05/23	Sherry Jensen 524 W. Conway St. Benton, AR 72015	St. Vincents Registered Nurse	<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt 250	250
12/17/23	Saline Co. Dem Party 101 S. Market St. Benton, AR 72015	Democratic Party of Saline Co.	<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt 350	350
			<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				1100.00

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.

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				
18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS				
19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 17 and 18)				

20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Filing Fee	
Television Advertising	
Radio Advertising	
Newspaper Advertising	
Other Advertising	
Office Supplies	
Rent	
Utilities	
Telephone	
Postage	
Direct Mail	
Travel Expenses	
Entertainment	
Fundraising	
Repayment of Loans	
Returned Contributions	
Consultant Fees	
Polls	
Paid Campaign Workers	
Other (list)	
<i>Neighborhood Campaign Announcement (food)</i>	<i>49.82</i>
<i>Campaign Signs (10)</i>	<i>109.99</i>
<i>Campaign Cards (1500)</i>	<i>127.13</i>
21. TOTAL CAMPAIGN EXPENDITURES	<i>269.85</i>

22. PAID CAMPAIGN WORKERS

(Includes any person you paid to work on your campaign, does not have to be full-time worker)

NAME OF WORKER	AMOUNT PAID	NAME OF WORKER	AMOUNT PAID
23. TOTAL PAID CAMPAIGN WORKERS			<i>(Signature)</i>

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.

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
Custom Advertising Products 17126 Lawson RD Little Rock 72210	10 Campaign signs 1500 Campaign cards	12/28	104.99 127.13
25. TOTAL ITEMIZED EXPENDITURES THIS REPORT			232.12
26. TOTAL NONITEMIZED EXPENDITURES THIS REPORT			97.82
27. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter amount from line 23)			0
28. TOTAL EXPENDITURES THIS REPORT (includes lines 25, 26 and 27)			269.85

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 Electio..

Please Type or Print
Use additional pages if necessary

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF DEBT	CURRENT BALANCE
30. TOTAL DEBT		

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.