STATEMENT OF FINANCIAL INTEREST

	District officials file with:	Calendar year covered 2023	this form contact:		
	hurston, Secretary of State oddlane Street	(Note: Filing covers the previous calendar year)	Arkansas Ethics Commission		
	Phone (501) 324-9600				
Little Rock, AR 72201 Phone (501) 682-5070 Toll Free (800) 422-7773					
	01) 682-3548	Is this an amendment? Yes No	202 PRO		
Please	provide complete information	n. If the information requested in a particular section does not a	S A A		
noting	"Not Applicable" in that sec	tion. Do not leave any part of this form blank. If additional sp.	age is peeded you may steel by		
inforn	nation to this document. Do no	ot file this form with the Arkansas Ethics Commission.	N -m-		
	TON 1- NAME AND ADDR		2 P		
Name	B'isbee	Patrick	Nathano		
Addre	Last) M 58815 88	Marke Circle Hensley AR x Number) (City) (State)	(Middle)		
1 HONE	1 20 6 1 811				
Spous	e's name B: shee	(hastally	Amarda		
All na	(Last) nes under which you and/or yo	our spouse do business: Pat Sister Patrick	Bibe M. (Middle)		
6.5	1. 8. stee , P. B.	Show, Charles & Show, Patrick + Char	tella Risban		
	ION 2- REASON FOR FILI				
中	Public Official Just	rice of the Peace			
	Candidate	(office held)			
	District Judge	(office sought)			
		(name of district)			
	City Attorney				
	(name of city)				
	State Government: Agency Head/Department Director/Division Director				
	Chief of Staff or Chief Depu	ity			
	Public appointee to State Bo	(name of Constitutional Officer, Senate, or House of oard or Commission	Representatives)		
	School Board member	(name of board/commission)			
		(name of school district)			
	Candidate for school board _	(name of school district)			
	Public or Charter School Sup	perintendent			
	E	(name of school district/school)			
	Executive Director of Educat	tion Service Cooperative			
	Advertising and Promotion C	Commission member(name of cooperative)			
		(name of advertising and promo	otion commission)		
<u></u>	Research Park Authority Boa	ard member under A.C.A. § 14-144-201 et seq			
		(name of	research park authority board)		

SECT	TON 2- REASON FOR FILING (continued)
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission): ☐ Planning board or commission
	☐ Airport board or commission
	☐ Water or Sewer board or commission
	☐ Utility board or commission
	☐ Civil Service commission
SECT	TION 3- SOURCE OF INCOME
that co accour \$1,000	ich employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income onstitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding from at least one source, the answer N/A is not correct. Check appropriate box: More than \$1,000 More than \$12,500
	Acuest Bank (name of employer or source of income)
-	801 John Barrow Road Little Rock, AR 72205
	Pa-+ Bishee (address)
Provid	e a brief description of the nature of the services for which the compensation was received Mortgage
	eck appropriate box: More than \$1,000
2	and Me Main Street Renter AR 72015
	Port Bisber (address)
	(name under which income received)
Provid	e 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
	9601 Raptist Health Drive Little Rock AR 72205
	Chartella Bisbee (address)
	(name under which income received)
Provid	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		
-	AlM	(name of corporation	n, firm or enterprise)		
	1	(add	ress)		
-		(name under which	n investment held)		
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of corporation	, firm or enterprise)		
alabel parame		(add	ress)		
		(name under which	n 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)				
-		(addr	ess)		
		(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		
-	eperatura en	(name of corporation	firm or enterprise)		
		(addr	ess)		
		(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 [M (a)	
(nan	ne of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
ALL CONTROL OF THE PROPERTY OF	(name of office holder)
b)	
(nam	ne 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 thouse outstanding. (This does not include debts owed to financial institution or a person who regularly and	and dollars (\$5,000) or more was personally owed or personally obligated and is still members of your family or loans made in the ordinary course of business by either customarily extends credit.)
a)NA	
•	(name of creditor)
b)	(address of creditor)
	(name of creditor)
c)	(address of creditor)
	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED	TO GOVERNMENT
List the name and address of each governmental be the nature of the amount of the obligation.	ody to which you are legally obligated to pay a past-due amount and a description of
a)(a	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

extended and refinanced after Jan. 1, 1989. M	ranteed a debt of yours that is still outstanding. (This includes debt guarantors arising dembers of your family who are your guarantors are not required to be disclosed.)
a)	
	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
entertainment, advance, services, or anything of an anumber of exceptions to the definition of Interest prepared for use with this form. (Note	able estimate of the fair market value of each gift of more than \$100 received by you of received by your dependent children. The term "gift" is defined as "any payment, of value unless consideration of equal or greater value has been given therefor." There "gift." Those exceptions are set forth in the Instructions for Statement of Financial The value of an item shall be considered to be less than \$100 if the public servant is received any amount over \$100 and the reimbursement occurs within ten (10) days
$A \mid \mathcal{U}$	
	(description of gift)
(date)	(fair market value)
	(source of gift)
)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
)	(description of gift)
(data)	
(date)	(fair market value)
	(source of gift)
	(description of gift)
(date)	
, (date)	(fair market value)
	(source of gift)
	(description of gift)
(date)	
(3335)	(fair market value)
	(source of gift)

SECTION 10- AWARDS

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

a)	AM	
		(description of award)
- Harris Contract	(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)
120000000000000000000000000000000000000		
	ON 11- NONGOVERNMENTAL SOUR	
List each when yo	n nongovernmental source of payment of your spream of your official capacity when the	our expenses for food, lodging, or travel which bears a relationship to your office expenses incurred exceed \$150.
a)	AlM	The state of the s
<u> </u>	(name	of person or organization paying expense)
		(business address)
	(date of expense)	S (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

(name of business)	
(governmental body which regulates or controls	s)
-	
(name of business)	
(gayiarnmontal hadu uskish sandasa sandal	34.48
(name of business)	The state of the s
(governmental body which regulates or controls)
(name of business)	
(governmental body which regulates or controls	
tody milet regulates of controls	Sanctions
or as as supply,	
(goods or services)	
(goods or services) (governmental body to whom sold) (compensation paid)	
(goods or services) (governmental body to whom sold) (compensation paid)	
(goods or services) (governmental body to whom sold) (compensation paid) (goods or services)	
(goods or services) (governmental body to whom sold) (compensation paid)	
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(goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (goods or services)	
(goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid)	
1	(governmental body which regulates or controls (name of business) (governmental body which regulates or controls (name of business) (governmental body which regulates or controls

SECTION 14- SIGNATURE

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

Signature

STATE OF ARKANSAS

COUNTY OF SALINE SS

Subscribed and sworth belove the this

22 day of

Notabu Palis

My commission expres 2

Note: If faved in that year 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

(name of research park authority board)

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 SCHOLZ, James			
(Last) Address 17481 Oak Forest Dr. Mabelvale AR	72103 (First)		(Middle)
(Street or P.O. Box Number) Phone 501 222 9303	(City)	(State)	(Zip Code)
Spouse's name SCHOLZ, Susanne			
(Last) All names under which you and/or your spouse do bu	(First)		(Middle)
The Tree Farm of Mabelvale			
SECTION 2- REASON FOR FILING			
Public Official		***************************************	
Candidate Justice of the Peace	(office held)		
☐ District Judge	(office sought) District Judge		
	(name of district)		
City Attorney	(name of city)		
State Government: Agency Head/Department			
	(name of agency/department/division) Chief of Staff or Chief Deputy		
	(name of Constitutional Officer, S	Senate, or House of Repres	entatives)
Public appointee to State Board or Commis	sion	ard/commission)	
School Board member		ard/commission)	
	(name of school district)		
Candidate for school board			****
Public or Charter School Superintendent	(name of school district)		
	(name of school district/school)		
Executive Director of Education Service Co			
Advertising and Promotion Commission me		me of cooperative)	
Advertising and Promotion Commission me		vertising and promotion co	ommission)
Research Park Authority Board member und	THE STATE OF THE S		iningsion j

SECT	TION 2- REASON FOR I	ILING (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				
☐ Utility board or commission					
SECT	ION 3- SOURCE OF IN	COME			
or you that co accour	r spouse receives gross inconstitute a portion of the grantants, attorneys, farmers, or	ome amounting to more than \$1,000. (coss income of the business or profession	your spouse, or any other person for the use or benefit of you You are not required to disclose the individual items of income n from which you or you spouse derives income. For example: individual clients.) If you receive gross income exceeding		
a) (US AR	Check appropriate box:	☐ More than \$1,000	More than \$12,500		
		(name of employer or	source of income)		
James	Scholz	(addre	ss)		
		(name under which	income received)		
Provid	e a brief description of the	nature of the services for which the co	mpensation was received Retirement		
	neck appropriate box: Security Administration	☐ More than \$1,000	More than \$12,500		
		(name of employer or	source of income)		
James	Scholz	(addre	ss)		
	(name under which income received)				
Provid	e a brief description of the	nature of the services for which the co	mpensation was received Retirement		
c) (Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of employer or	source of income)		
		(addre	ss)		
		(name under which	ncome 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) The	Check appropriate box: e Tree Farm of Mabelvale	☐ More than \$1,000		More than \$12,500		
174	481 Oak Forest Dr., Mabelvale, A	(name of corporation R 721	, firm or enterprise)			
	mes and Susanne Scholz	(addr	ess)			
		(name under which	investment held)			
b)	Check appropriate box:	☐ More than \$1,000		More than \$12,500		
		(name of corporation	, firm or enterprise)			
-		(addr	ess)			
		(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)					
_		(addr	ress)			
		(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	n investment held)			
f)	Check appropriate box:	☐ More than \$1,000		More than \$12,500		
	(name of corporation, firm or enterprise)					
		(add	ress)			
		(name under which	n 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 Mabelvlae	
17481	(I Oak Forest Dr. Mabelvale AR 72103	name of business, corporation, firm, or enterprise)
Owner	r (50%)	(address)
and the same	and Susan Scholz	(office or directorship held)
		(name of office holder)
b)		
	(r	name of business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
		(name of office holder)
SECT	TION 6- CREDITORS	
outstar	nding. (This does not include debts owe ial institution or a person who regularly	ousand dollars (\$5,000) or more was personally owed or personally obligated and is still d to members of your family or loans made in the ordinary course of business by either a and customarily extends credit.)
a) M&F	FBAnk	(name of creditor)
500 I	Hwy 65 South, Dumas, AR 71639	
b)Sierr	ra Pacific Mortgage	(address of creditor)
950	Glenn Drive, Suite 150, Folsom, CA 95630	(name of creditor)
45		(address of creditor)
c)		(name of creditor)
		(address of creditor)
SECT	TION 7- PAST-DUE AMOUNTS OWE	ED TO GOVERNMENT
	e name and address of each government ture of the amount of the obligation.	al body to which you are legally obligated to pay a past-due amount and a description of
a)	N/A	
	(name of governmental body)	(address of governmental body)
b)	(amount owed)	(nature of the obligation)
-,	(name of governmental body)	(address of governmental body)
	(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guaranteed a debt o extended and refinanced after Jan. 1, 1989. Members of your	f yours that is still outstanding. (This includes debt guarantors arising or r family who are your guarantors are not required to be disclosed.)
a)	
	(name)
b)	(address)
-,	(name)
	(address)
SECTION 9- GIFTS	
your spouse and of each gift of more than \$250 received by y entertainment, advance, services, or anything of value unless are a number of exceptions to the definition of "gift." Those Interest prepared for use with this form. (Note: The value of	of the fair market value of each gift of more than \$100 received by you of our dependent children. The term "gift" is defined as "any payment, consideration of equal or greater value has been given therefor." There exceptions are set forth in the Instructions for Statement of Financial an item shall be considered to be less than \$100 if the public servant amount over \$100 and the reimbursement occurs within ten (10) days
a) N/A	(1
	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	(1
	(description of gift)
(date)	(fair market value)
	(source of gift)
c)	(description of gift)
5	
(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)
	8
	(source of gift)

SECTION 10- AWARDS

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

a) 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 SOURCE	S OF PAYMENT
List each nongovernmental source of payment of your when you appear in your official capacity when the ex	expenses for food, lodging, or travel which bears a relationship to your office penses incurred exceed \$150.
a) N/A	
(name or	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 REGU	LATION OF BUSINESS	
List any business which employs you N/A a)	and is under direct regulation or subject to direct control by the governmental body which you	ı serve.
u)	(name of business)	
	(governmental body which regulates or controls)	
h)		
b)	(name of business)	
	(governmental body which regulates or controls)	
c)		
c)	(name of business)	
	(governmental body which regulates or controls)	
d)	2 300 mm of the State	
	(name of business)	
	(governmental body which regulates or controls)	
List the goods or services sold to the g	ERNMENTAL BODY governmental body for which you serve which have a total annual value in excess of \$1,000. L	ist the
stockholder owning more than 10% of	governmental body for which you serve which have a total annual value in excess of \$1,000. Lef goods or services sold by you or any business in which you or your spouse is an officer, directly the stock of the company.	ist the ctor, or
stockholder owning more than 10% of	governmental body for which you serve which have a total annual value in excess of \$1,000. L	ist the ctor, or
stockholder owning more than 10% of	governmental body for which you serve which have a total annual value in excess of \$1,000. Lef goods or services sold by you or any business in which you or your spouse is an officer, directly the stock of the company.	ist the ctor, or
stockholder owning more than 10% of	governmental body for which you serve which have a total annual value in excess of \$1,000. Lef goods or services sold by you or any business in which you or your spouse is an officer, directly the stock of the company. (goods or services) (goods or services)	ist the ctor, or
stockholder owning more than 10% of	governmental body for which you serve which have a total annual value in excess of \$1,000. Lef goods or services sold by you or any business in which you or your spouse is an officer, directly the stock of the company. (goods or services) (goods or services)	ist the ctor, or
stockholder owning more than 10% of	governmental body for which you serve which have a total annual value in excess of \$1,000. Lef goods or services sold by you or any business in which you or your spouse is an officer, directly discovered the stock of the company. (goods or services) (governmental body to whom sold) (compensation paid)	ist the ctor, or
stockholder owning more than 10% of a) N/A	(goods or services)	ist the ctor, or
stockholder owning more than 10% of a) N/A	(goods or services)	ist the ctor, or
stockholder owning more than 10% of a) N/A	(goods or services) (goods or services) (goods or services) (governmental body to whom sold) (goods or services)	ist the ctor, or
stockholder owning more than 10% of a) N/A b)	(goods or services)	ist the ctor, or
stockholder owning more than 10% of a) N/A	(goods or services) (governmental body to whom sold) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (goods or services) (goods or services)	ist the ctor, or

(compensation paid)

SECTION 14- SIGNATURE

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

Signature Sols

STATE OF ARKANSAS

COUNTY OF Saline 3 ss

Subscribed and sworn before me this

day of

_,20_024

JENNIFER C. DORSEY
OFFICIAL SEAL - NOTARY PUBLIC
(Legible Mocany Seular Kansas
COMMISSION #12716295
MY COMMISSION EXPIRES 9 22:203

My commission expires:

Jernifle C Dorsey

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

IMPORTANT

Where to file:

State or district candidates/public servants file with the Secretary of State.

Appointees to state boards/commissions file with the Secretary of State.

County, township, and school district candidates/public servants file with the county clerk.

Municipal candidates/public servants file with the city clerk or recorder, as the case may be.

City attorneys file with the city clerk of the municipality in which they serve.

District judges file with the Secretary of State.

Members of regional boards or commissions file with the county clerk of the county in which they reside.

General Information:

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

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

This report should be filed with 1. Name of Candidate	Check if this report is an are the County Clerk of the county in which	mendment ch the election is held	
JAMES SCHOOL	17		
Address			
17481 OAK FO	REST DR		
ony, state and Zip	CEST DE		
MABELVALE A	R 72103	Phone Number:	
Office Sought	District Number		501 952 709:
JP		(Clerk	's File Stamp)
Does the candidate have a campaig			13 8
ii yes, complete the following.	gn committee? ()Yes (X)No	kin il	Y: AIA
Name of Chairperson/Treasurer:			SALIHEI ATE & CO JIM 23
			3 on :
Mailing Address	Phone Number:		22m
	Frione Number:		WILL CI
2. Type of Election: (check only one)	Year of Election 2024		5 5
Primary Primary Runoff Ge	neral Committee		2 2
☐ Special ☐ Annual School ☐	Appual School Burnett		9
3. Type of Report: (check one)	Armuai School Runoff		
Final report (check method by Treasurer of State (for benefit of Gener A political party as defined in Ark. Code Assembly, the Senate, or the House of Contributors to the candidate's campai	e Ann. § 7-1-101 or a political party caucing of Representatives	pportionment Fund) us of the Arkansas General	*If the campaign has not ended, disposal of campaign funds is not required and the candidate may carry forward any remaining
A political party as defined in Ark. Code Assembly, the Senate, or the House of Contributors to the candidate's campai A nonprofit organization that is exempt Cities of the first class, cities of the sec Supplemental Report	e Ann. § 7-1-101 or a political party caucing of Representatives ign after taxation under Section 501(c)(3) of cond class, or incorporated towns	pportionment Fund) us of the Arkansas General	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
A political party as defined in Ark. Code Assembly, the Senate, or the House of Contributors to the candidate's campai A nonprofit organization that is exempt Cities of the first class, cities of the sec Supplemental Report	e Ann. § 7-1-101 or a political party caucy of Representatives ign after the transfer of the state A country of the State A caucy of Representatives ign after the transfer of the state A country of Representatives in the State A caucy of Representatives and the state A country of Re	pportionment Fund) us of the Arkansas General the Internal Revenue Code	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.
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A political party as defined in Ark. Code Assembly, the Senate, or the House of Contributors to the candidate's campai A nonprofit organization that is exempt Cities of the first class, cities of the sec Supplemental Report SUMM 4. Balance of campaign funds at be 5. Interest (if any) earned on campa 6. Total Loans (enter total from line 7. Total Monetary Contributions (er 8. Total Expenditures (enter total from 9. Balance of campaign funds at clo 10. If this is candidate's final report for remaining campaign funds or out (use brackets to indicate debt) 1. () NO ACTIVITY (check if you have no certify to the best of my knowledge and mancial statement of my (the candidate's source) worn to and subscribed before me, a Notary Public worn to an analysis of the second meters and the subscribed before me, a Notary Public worn to an analysis of the second meters and the subscribed before me, a Notary Public worn to an analysis of the second meters and the subscribed before me, a Notary Public worn to an analysis of the second meters a	e Ann. § 7-1-101 or a political party caucator Representatives of Repr	portionment Fund) us of the Arkansas General the Internal Revenue Code FOR REPORTING PERIO 2020.00 enditures during this reporting perio in this report is a complete, in ditures. or Candidate's Representative Arkansas, on this day of	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. D CUMULATIVE TOTAL

Ark. Code Ann. § 7-6-202 provides that a person who knowingly falls 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	
./ /	JAMES SCHOLZ	ODAINTION(S) IF ANY	AMOUNT
17/23	JAMES SCHOLZ 17481 OAK FOREST DR. MADELVALE, AR 72103	N/A	2000.00
	13. TOTAL LO	ANS DURING REPORTING PERIOD	
	TOTAL LO	AND 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

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

CURRENT AS OF 08/01/2023

14. NONMONEY CONTRIBUTIONS

Does not include volunteer services by individuals

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
	NIA			
		1		
	15. TOTAL NONMONE	Y 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.

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print Full Name and Mailing Address of Contributor. Date Place Of Business Amount of **Cumulative Total** Employer/Occupation Contribution STEPHANIE DUKE From This Contributor Primary □ Run-Off □General □ Debt 603 N. MARKETST. BENTON, AR 72015 300,00 □Primary □ Run-Off □General □ Debt □Primary □ Run-Off ☐General ☐ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off □General □ Debt 17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS 300.00 19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT -0-(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 CURRENT AS OF 08/01/2023

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print Full Name and Mailing Address of Contributor Date Place Of Business Amount of **Cumulative Total** Employer/Occupation Contribution From This Contributor □Primary □ Run-Off ☐General ☐ Debt □Primary □ Run-Off □General □ Debt □Primary □ Run-Off ☐General ☐ Debt □Primary □ Run-Off □General □ Debt 17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS -0-19. 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 falls to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall

20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT	
Filing Fee		
Television Advertising	-0-	
Radio Advertising	-0-	
Newspaper Advertising	-0-	
Other Advertising	558,35	
Office Supplies	-0-	
Rent	-0-	
Utilities	-0-	
Telephone	-0-	
Postage	-0-	
Direct Mail	-0-	
Travel Expenses	-0-	
Entertainment Expenses	-0-	
Fundraising	-0-	
Repayment of Loans	-0-	
Returned Contributions	-0-	
Consultant Fees	-0-	
Polls	n 0 -	
Paid Campaign Workers	-0-	
Other (list)		
Fund raising	163.90	
Campaign & Gas	370,53	
21. TOTAL CAMPAIGN EXPENDITURES	1,892.78	

22. PAID CAMPAIGN WORKERS

NAME OF WORKER	AMOUNT PAID	paign, does not have to be full-time worker) NAME OF WORKER	AMOUN1 PAID
N/A			-0-
	-		
		23. TOTAL PAID CAMPAIGN WORKERS	-0-

24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print

Name and Address of Supplier/Paye	(Use copies of this page as n	eeded)	
SALINE COUNTY REPUBLIC		Date of Expenditure	Amount of Expenditure
125 N. MARKETST.			
BENTON, AR 72015	100000100		
BRIGHT STAR INC	CAMPAIGN FILING INVOICE #: 1894-6698	11/6/23	300.00
	THITERNET ORDER		
(815) 893-9448	CONTRACTOR OF THE STATE OF THE		
orghtstar customer service@gm N3TA PRINT	and BASEBALL CAPS	11/15/23	113.95
TATICINT	TWOICE #: YP. DWCS 500		
- 1	INTERNET OFFER		
NUW. VISTAPPINT. COM	CONTACT CARDS (1000)	11/15/23	215.51
VISTA PRINT	INVOICE HIVE HAMSHAID		413.01
	INTERNET ORDER		
www.vistaprint.com	POSTCARD MAILERS	11/18/23	342,84
Oxford Graphics		1419190	010107
3612 GRIBBLEST.			
NLR, AR 72114	CAMPAIGN SIGNS	inladina	07. 53
	The Supplemental S	19 38 33	870,53
	<u> </u>		
	,		
and the supply of the supply o			
25. TOTAL ITEMIZED EXPENDITUR	RES THIS REPORT		1,842,839773-138
26. TOTAL NONITEMIZED EXPEND	ITIDES THE DEDONT		49,95
28. TOTAL EXPENDITURES THIS E	KERS THIS REPORT (enter amount fi REPORT (includes lines 25, 26 and 2	rom line 23)	-0-
	Li Citt (includes lines 25, 26 and 2	()	1,892,184,692,35

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

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 current as OF 08/01/2023

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

Please Type or Print Use additional pages if necessary

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF DEBT	CUPPENT DAY
17481 DAIL FOREST DE	300000000000000000000000000000000000000	CURRENT BALANC
MARGEVALE, AR 72103		
15 1.1- 15103	CAMPAIGH FINANCE	3000.00
		30-0100
	NOTHING FUETHER_	
	11/104 11001 1100	
	2.725.03	
		and the part of the second of
	30. TOTAL DEBT	2000.00

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 current as OF 08/01/2023

STATEMENT OF FINANCIAL INTEREST

2014

For assistance in completing

(name of research park authority board)

John Th 500 Wo Little R Phone (collane Street Oct AP 72201 Calendar year covered	is form contact: kansas Ethics Commission one (501) 324-9600 oli Free (800) 422-7773
noting '	provide complete information. If the information requested in a particular section does not apply to you "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is need ation to this document. Do not file this form with the Arkansas Ethics Commission.	a, indicate such by ed, you may attach the
SECTI	ION 1- NAME AND ADDRESS	·11
Name		lilten
Addres	(0)	7200Z
Phone		(Zip Code)
Spouse	's name Hatcher JIII San	Tec
All nan	(Last) (First) nes under which you and/or your spouse do business:	(Middle)
SECTI	ION 2- REASON FOR FILING	1,480 E.J.
	Public Official Justick of the Peace	
	(office held) Candidate	
	(office sought)	
	District Judge(name of district)	<u> </u>
	City Attorney	ω
П	(name of city)	
	State Government: Agency Head/Department Director/Division Director	tment/division)
	Chief of Staff or Chief Deputy	
	(name of Constitutional Officer, Senate, or House of Representate Public appointee to State Board or Commission	ives)
	School Board member(name of board/commission)	
	School Board member	
	Candidate for school board	
	Public or Charter School Superintendent	
	Executive Director of Education Service Cooperative	
	(name of accounting)	
	Advertising and Promotion Commission member	
	(name of advertising and promotion commit Research Park Authority Board member under A.C.A. § 14-144-201 et seg.	ssion)

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:
5301 Northshore Mame of employer or source of income Lake AR 72118 Everette Hatcher III (address)
Provide a brief description of the nature of the services for which the compensation was received Business Pan Manager
b) Check appropriate box: Shawow This More than \$1,000 \ Chapter Shawow This S
10401 High Road Fast Shame N Hills, AR 72103
(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:
(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
	MA	(name of corporation	on, firm or enterprise)
	•	(ad	dress)
		(name under whi	ch investment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation	on, firm or enterprise)
		(ad	dress)
		(name under whi	ch investment held)
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation	n, firm or enterprise)
		(ad	dress)
	A Design of the Control of the Contr	(name under whi	ch investment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation	n, firm or enterprise)
		(ad	dress)
	***	(name under whi	ch investment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporatio	n, firm or enterprise)
		(add	lress)
		(name under which	ch investment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporatio	n, firm or enterprise)
	AND AND ADDRESS OF THE PROPERTY OF THE PROPERT	(add	lress)
		(name under whice	h 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. (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) **SECTION 6- CREDITORS** List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.) (name of creditor) (address of creditor) (name of creditor) (address of creditor) (name of creditor) (address of creditor) SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation. (name of governmental body) (address of governmental body) (amount owed) (nature of the obligation) (name of governmental body) (address of governmental body) (amount owed) (nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

" V N	(name)
•	2 80 E
)	(address)
	(name)
	(address)
ECTION 9- GIFTS	
ntertainment, advance, services, or anything or re a number of exceptions to the definition of nterest prepared for use with this form. (Note:	ble estimate of the fair market value of each gift of more than \$100 received by you received by your dependent children. The term "gift" is defined as "any payment, f value unless consideration of equal or greater value has been given therefor." There "gift." Those exceptions are set forth in the Instructions for Statement of Financial. The value of an item shall be considered to be less than \$100 if the public servant is received any amount over \$100 and the reimbursement occurs within ten (10) days
	(description of gift)
(date)	(fair market value)
2.5	(source of gift)
)	,
	(description of gift)
(date)	(fair market value)
	(source of gift)
	(description of gift)
(date)	(fair market value)
	(source of gift)
188733000	
	(description of gift)
(date)	(fair market value)
	(source of gift)
CONTROL OF THE BOOK OF THE STATE OF THE STAT	(description of gift)
(date)	
(uaic)	(fair market value)
	(source of gift)

SECTION 10- AWARDS

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

a)IV//	
	(description of award)
(date)	(fair market value)
	(source of award)
)	
	(description of award)
(date)	(fair market value)
	(source of award)
)	
	(description of award)
(date)	(fair market value)
	(source of award)
)	
	(description of award)
(date)	(fair market value)
	(source of award)
Vicenza Vicenz	
ECTION 11- NONGOVERNMENTAL SOU	
men you appear in your ornicial capacity when the	your expenses for food, lodging, or travel which bears a relationship to your offi he expenses incurred exceed \$150.
(nam	ne of person or organization paying expense)
X 2000	
	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)
(nam	ne 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 see	rva
a) N/A	.1 vc.
(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 compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, direct stockholder owning more than 10% of the stock of the company.	the or, or
(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)	

(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

State of Arkansas

County of

Substitute

Substitute

Substitute

Substitute

Substitute

Signature

Substitute

IMPORTANT

Where to file:

State or district candidates/public servants file with the Secretary of State.

Appointees to state boards/commissions file with the Secretary of State.

County, township, and school district candidates/public servants file with the county clerk.

Municipal candidates/public servants file with the city clerk or recorder, as the case may be.

City attorneys file with the city clerk of the municipality in which they serve.

District judges file with the Secretary of State.

Members of regional boards or commissions file with the county clerk of the county in which they reside.

General Information:

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

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.

Name	Chism	Lela	Diane	
Addre	(Last) 13116 Carousel Court	(First) Alexander	AR	(Middle) 72002
Phone	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)
Spous	e's name	*		
All na	(Last) mes under which you and/or your spouse do	business: None (First)		(Middle)
SECT	TON 2- REASON FOR FILING			PROBATE 2024 JA
	Public Official			A ARA
XI	Candidate Justice of the Peace	(office held)		% CO
	District Judge	(office sought)		PE SEE
	City Attorney	(name of district)		2: 38
	State Government: Agency Head/Departm	(name of city)		*
	Chief of Staff or Chief Deputy		(name of agenc	y/department/division)
	Public appointee to State Board or Comm	(name of Constitutional Officer, ission	Senate, or House of Repr	esentatives)
	Public appointee to State Board or Commission			
]	Candidate for school board	(name of school district)		
	(name of school district) Public or Charter School Superintendent			
	(name of school district/school) Executive Director of Education Service Cooperative			
	Advertising and Promotion Commission member			
	(name of advertising and promotion commission) Research Park Authority Board member under A.C.A. § 14-144-201 et seq			
				arch park authority board)

SECTI	ON 2- REASON FOR F	ILING (continued)			
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):				
	☐ Airport board or com	mission			
		sion			
SECTI	ON 3- SOURCE OF INC	COME			
that con account \$1,000	spouse receives gross inconstitute a portion of the groants, attorneys, farmers, c from at least one source, t	ome amounting to more than \$1,000. (oss income of the business or profession ontractors, etc. do not have to list their the answer N/A is not correct.	your spouse, or any other person for the use or benefit of you You are not required to disclose the individual items of income in from which you or you spouse derives income. For example: individual clients.) If you receive gross income exceeding		
a) City of Littl	heck appropriate box:	☐ More than \$1,000	More than \$12,500		
500 W Ma	(name of employer or source of income)				
Lela D Chi	sm	(address)			
	(name under which income received)				
Provide Full time e	a brief description of the mployment in the City's Finance Dep	nature of the services for which the con	mpensation was received		
b) Che	ck appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of employer or source of income)				
		(addre	ss)		
	(name under which income received)				
Provide	a brief description of the	nature of the services for which the con	mpensation was received		
c) Cł	neck appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
Port Contract Contrac		(name of employer or	source of income)		
		(addre	ss)		
		(name under which i	ncome received)		
Provide	a brief description of the	nature of the services for which the cor	npensation 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) NA	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of corporati	on, firm or enterprise)		
	(address)				
	(name under which investment held)				
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
20000		(name of corporation	n, firm or enterprise)		
(address)			iress)		
	(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)		h 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	h 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	
outstanding. (I his does not inclu	lue of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is some deduction of the debts owed to members of your family or loans made in the ordinary course of business by either the regularly and customarily extends credit.)
a) N/A	
	(name of creditor)
b)	(address of creditor)
-,	(name of creditor)
c)	(address of creditor)
	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMO	UNTS OWED TO GOVERNMENT
	governmental body to which you are legally obligated to pay a past-due amount and a description
a)State of Arkansas - Depart of Fin a	and Administration PO Box 8090 Little Rock AR 72203
(name of governmental l	oody) (address of governmental body) 2022 Taxes in Payment Plan
(amount owed) State of Arkansas - Dept of Fin	(nature of the obligation)
(name of governmental b	oody) (address of governmental body) 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

a) N/A		f your family who are your guarantors are not required to be disclosed.)
Sec 7 Weekley Ally		(name)
b)		(address)
		(name)
		(address)
SECTION 9-	<u>GIFTS</u>	
entertainment, are a number of interest prepare eimburses the from the date the	advance, services, or anything of value un f exceptions to the definition of "gift." The	by your dependent children. The term "gift" is defined as "any payment, less consideration of equal or greater value has been given therefor." There is exceptions are set forth in the Instructions for Statement of Financial is of an item shall be considered to be less than \$100 if the public servant any amount over \$100 and the reimbursement occurs within ten (10) days
) N/A		(description of gift)
	(date)	
	(dillo)	(fair market value)
Y		(source of gift)
,)		(description of gift)
	(date)	(fair market value)
		(source of gift)
)		
	5	(description of gift)
	(date)	(fair market value)
		(source of gift)
)		
		(description of gift)
	(date)	(fair market value)
		(source of gift)
		(description of gift)
	(1-1-)	
	(date)	(fair market value)
		(source of gift)

SECTION 10- AWARDS

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

a) N/A	
	(description of award)
(date)	(fair market value)
	(source of award)
b)	
	(description of award)
(date)	(fair market value)
	(source of award)
:)	
	(description of award)
(date)	(fair market value)
	(source of award)
l)	
	(description of award)
(date)	(fair market value)
	(source of award)
y	f your expenses for food lodging or travel - 1: 11
NA/	ame of person or organization paying expense)
41.	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)
(na	me of person or organization paying expense)
	(business address)
(date of expense)	(business address) \$(amount of expense)

SECTION 12 DIRECT DECLY ATVONOR DECLY ATVONO
SECTION 12- DIRECT REGULATION OF BUSINESS List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve. a)
(name of business)
(governmental body which regulates or controls)
b)
(name of business)
(governmental body which regulates or controls)
c)
(name of business)
(governmental body which regulates or controls)
d)
(name of business)
(governmental body which regulates or controls)
SECTION 13- SALES TO GOVERNMENTAL BODY
List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more than 10% of the stock of the company.
a) N/A
(goods or services)
(governmental body to whom sold)
(compensation paid)
(goods or services)
(governmental body to whom sold)

(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

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

Signature Signature

STATE OF ARKANSAS

COUNTY OF Saline

Subscribed and sworn before me this

JENNIFER C. DORSEY
ICIAL SEAL - NOTARY PUBLIC
VELAND COUNTY ARKANSAS
(LEMINES YOU THE 2970295

day of

_, 20<u>24</u>

Notary Publi

17 (7) MMISSION EXPIRES 9-22-2031

My commission expires:

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

IMPORTANT

Where to file:

State or district candidates/public servants file with the Secretary of State.

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- * Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- * 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 INTERES in completing State/District officials file with: Calendar year covered John Thurston, Secretary of State (Note: Filing covers the previous calendar year) 500 Woodlane Street Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548 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 ALLMOND Name PARTIN (Middle) AR GEWOOD DRIM 022 (Street of P.O. Box Number) (State) (Zip Code) Spouse's name (Last) (Middle) All names under which you and/or your spouse do business: ALLMOND SECTION 2- REASON FOR FILING Public Official (office held) Justice of the (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)

(name of advertising and promotion commission)

(name of research park authority board)

Advertising and Promotion Commission member ____

Research Park Authority Board member under A.C.A. § 14-144-201 et seq.___

		(address)	
		(name of employer or so	urce of income)
c) Cl	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,500
Provide	a brief description of th	(name under which inco	And the state of t
		(address)	
		(name of employer or so	urce of income)
b) Che	eck appropriate box:	☐ More than \$1,000	☐ More than \$12,500
Provide	e a brief description of th	(name under which inc	ensation was received SQL DEVELOPES
		M. ALLMOND (address)	
	Parts WARE	More than \$1,000 HOUSE INC DOSEVELT Roame of employer or so	More than \$12,500
that co	institute a portion of the partiants, attorneys, farmers,	gross income of the business or profession f	our spouse, or any other person for the use or benefit of you ou are not required to disclose the individual items of incomfrom which you or you spouse derives income. For example dividual clients.) If you receive gross income exceeding
SECT	ION 3- SOURCE OF I	NCOME	
	☐ Civil Service comm	nission	
		nmission	
	☐ Water or Sewer bo	ard or commission	
		ommission	
	☐ Planning board or	commission	boards or commissions (list name of board or commission):

SECTION 2- REASON FOR FILING (continued)

SECTION 4- BUSINESS OR HOLDINGS

investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period. Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) Check appropriate box: ☐ More than \$1,000 More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held)

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

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.

۵)	(nar	ne of business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
		(name of office holder)
b)		
	(nan	ne of business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
		(name of office holder)
SEC	TION 6- CREDITORS	
a)	NA	(name of creditor)
b)		(address of creditor)
		(name of creditor)
c) _		(address of creditor)
·)		(name of creditor)
		(address of creditor)
SEC	TION 7- PAST-DUE AMOUNTS OWED	TO GOVERNMENT
List t	ature of the amount of the obligation.	ody to which you are legally obligated to pay a past-due amount and a description o
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 guaranter or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guaranters arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.) (name) (address) (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.) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift)

SECTION 10- AWARDS

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

a)	NIA			
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		(source of award)		
b)				
		(description of award)		
	(date)		(fair market v	ralue)
		(source of award)		
c)				
		(description of award)		
	(date)		(fair market v	alue)
		(source of award)		
d)				
		(description of award)		
	(date)		(fair market v	alue)
		(source of award)		
or ontolic	Volvasymptor			
	NONGOVERNMENTAL SO	Commence of the Commence of th		
when you appear	ar in your official capacity when	of your expenses for food, lodging, or to the expenses incurred exceed \$150.	ravel which bears	a relationship to your offic
a) /	v/A			
	(n	ame of person or organization paying exper	nse)	
		(business address)	\$	
	(date of expense)		2	(amount of expense)
		(nature of expenditure)		
b)				
	(n	ame of person or organization paying exper	nse)	
		(business address)	\$	
	(date of expense)			(amount of expense)
		(nature of expenditure)		

List any business which em	ploys you and is under direct regulation or subject to direct control by the governmental body which you serve
NIA	
1) / [/]	(name of business)
	(name or business)
	(governmental body which regulates or controls)
)	
	(name of business)
	(proving month) hadrondrish and a
	(governmental body which regulates or controls)
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	(name of business)
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	(
	(governmental body which regulates or controls)
	"Grant and a state of the state
ECTION 13- SALES T	(governmental body which regulates or controls) O GOVERNMENTAL BODY
	O GOVERNMENTAL BODY
st the goods or services sol mpensation paid for each o	O GOVERNMENTAL BODY d to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the sategory of goods or services sold by you or any business in which you or any business in the which you or
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st the goods or services sol mpensation paid for each o	O GOVERNMENTAL BODY d to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the sategory of goods or services sold by you or any business in which you or any business in the which you or
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(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.

Sund M. also

STATE OF ARKANSAS

COUNTY OF SOINS

Subscribed and awarn before me this

day of

_, 20_24_

Notary Public

8=11-21-32

} SS

d, 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.

SEC	TION 1- NAME AND ADDRESS	
Name	BILLINGSLEY CARLTON	Scorp
Addr	ess 1509 Warm camo PARK RD BRYANT AR	7 (Middle)
Phon	(City) (Street or P.O. Box Number) (City) (State)	(Zip Code)
Spou	se's name BILLINGSLOY KIMBORLY	A
All na	(Last) (First)	(Middle)
SECT	TION 2- REASON FOR FILING	30E
	Public Official JUSTICE OF THE PEACE DISTRICT 3	BATE
	Candidate	30 000
	LASTICE INOGE	THE REAL PROPERTY.
	City Attorney(name of district)	15: 3 3
	(name of city) State Government: Agency Head/Department Director/Division Director	
	Chief of Staff or Chief Deputy (name of agency	y/department/division)
	(name of Constitutional Officer, Senate, or House of Repr Public appointee to State Board or Commission	esentatives)
	School Board member (name of board/commission)	
	Candidate for school board	
	Public or Charter School Superintendent	
	(name of school district/school) Executive Director of Education Service Cooperative	
	Advertising and Promotion Commission member(name of cooperative)	
	(name of advertising and promotion of Research Park Authority Board member under A.C.A. § 14-144-201 et seq	ommission)
	(name of resea	rch park authority board)

SECT	ION 2- REASON FOR FILING (continued)
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
	☐ Airport board or commission
	☐ Water or Sewer board or commission
	☐ Utility board or commission
	☐ Civil Service commission
SECT	ION 3- SOURCE OF INCOME
or your that co accoun	ch employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you respouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of incomenstitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example attants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding of from at least one source, the answer N/A is not correct.
a) C	Check appropriate box: More than \$1,000 Acrons floors from More than \$12,500
100000000000000000000000000000000000000	(name of employer or source of income) Box 2560 Berran Al 72018
	CARLYN BICLINGS LOY
	(name under which income received)
Provide	e a brief description of the nature of the services for which the compensation was received
b) Ch	eck appropriate box: More than \$1,000 SALINE Corney More than \$12,500
	(name of employer or source of income)
	CARLTON BILLINGSLOY
Provide	(name under which income received) e a brief description of the nature of the services for which the compensation was received
c) C	Check appropriate box:
	9601 BAPTIST HEALTH DR LR AM 72207
	KIMBORLY BILLINGSLEY
	(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received 074

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	ENTENDISES	More than \$12,500
		(name of corpor	ration, firm or enterprise)	RD BAYINT AR 7202
		CARLTON	(address)	The pary part level
			which investment held)	
b)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
-		(name of corpora	ation, firm or enterprise)	
			(address)	
		(name under v	which investment held)	
c)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
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		(name under w	vhich investment held)	
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	The section of the se	(name under w	hich investment held)	
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		(name under w	hich investment held)	
()	Check appropriate box:	☐ More than \$1,000		More than \$12,500
	37.8 900 - 160	(name of corporat	tion, firm or enterprise)	
	10 (g) 3 Callage - 43 Age - 10 Callage - 10	(a	ddress)	
	The state of the s	(name under wh	nich 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. (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) SECTION 6- CREDITORS List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.) (name of creditor) (address of creditor) (name of creditor) (address of creditor) (name of creditor) (address of creditor) SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of

the nature of the amount of the obligation.

a)			
880 200000	(name of governmental body)	(address of governmental body)	
b)	(amount owed)	(nature of the obligation)	
0)	(name of governmental body)	(address of governmental body)	
	(amount owed)	(nature of the obligation)	

SECTION 8- GUARANTOR OR CO-MAKER

a)	
	(name)
b)	(address)
	(name)
	(address)
ECTION 9- GIFTS	±
ntertainment, advance, services, or anything of value unler a number of exceptions to the definition of "gift." Tho nterest prepared for use with this form. (Note: The value eimburses the person from whom the item was received as from the date the item was received.)	te of the fair market value of each gift of more than \$100 received by you by your dependent children. The term "gift" is defined as "any payment, ess consideration of equal or greater value has been given therefor." There is exceptions are set forth in the Instructions for Statement of Financial e of an item shall be considered to be less than \$100 if the public servant my amount over \$100 and the reimbursement occurs within ten (10) days
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(date)	(fair market value)
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	(description of gift)
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	(description of gift) (fair market value)

SECTION 10- AWARDS

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

a)			
		(description of award)	
	(date)		(fair market value)
49-49-49-49-49-49-49-49-49-49-49-49-49-4		(source of award)	
b)			
		(description of award)	
# A Property of the Contract o	(date)		(fair market value)
		(source of award)	*
c)			
		(description of award)	
Name and the state of the state	(date)		(fair market value)
	THE PARTY OF THE P	(source of award)	
d)			
		(description of award)	
	(date)	and the same of th	(fair market value)
Andrew Andrews (Andrews Andrews Andrew		(source of award)	
SECTION 11- NO	NGOVERNMENTAL S	OURCES OF PAYMENT	
List each nongovern when you appear in	nmental source of payment your official capacity whe	t of your expenses for food, lodging, or train the expenses incurred exceed \$150.	avel which bears a relationship to your off
a)		(name of person or organization paying expens	
	1		se)
		(business address)	\$
(date	of expense)		(amount of expense)
		(nature of expenditure)	
b)		Company of source and source in the source i	
		name of person or organization paying expens	se)
		(business address)	\$
(date	of expense)		(amount of expense)
	THE THE STREET STREET STREET STREET	(nature of expenditure)	

SECTION 12	DIRECT	REGULA	TION	OF BU	JSINESS
------------	--------	--------	------	-------	---------

a)	
	(name of business)
	(governmental body which regulates or controls)
)	
	(name of business)
	(governmental body which regulates or controls)
	(name of business)
	(governmental body which regulates or controls)
	(name of business)
	(governmental body which regulates or controls)
kholder owning more	old to the governmental body for which you serve which have a total annual value in excess of \$1,000. List a category of goods or services sold by you or any business in which you or your spouse is an officer, director than 10% of the stock of the company.
ekholder owning more	han 10% of the stock of the company.
ekholder owning more	han 10% of the stock of the company. (goods or services)
ckholder owning more	(goods or services) (governmental body to whom sold)
ckholder owning more	(goods or services) (governmental body to whom sold) (compensation paid)
ckholder owning more	(goods or services) (governmental body to whom sold)
ckholder owning more	(goods or services) (governmental body to whom sold) (compensation paid)
ekholder owning more	(goods or services)
ckholder owning more	(goods or services) (goods or services) (goods or services) (compensation paid) (goods or services) (goods or services)
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ekholder owning more	(goods or services) (governmental body to whom sold) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (goods or services) (goods or services) (goods or services)
ekholder owning more	(goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (goods or services) (goods or services) (goods or services)

	SECTION 14- SIGNATURE
	I certify under penalty of false swearing that the above information is true and correct.
	Signature /
	STATE OF ARKANSAS
	COUNTY OF COUNTY OF
.11	day of day of 20 d
WHITE STATE OF THE	
	ARKANGASible Notary Public Notary Public
TO THE	Margonistic S. 33.38
•	EXPIRES 8-2-2016. 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

within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

Where to file:

State or district candidates/public servants file with the Secretary of State.

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- Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- 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

Calendar year covered 2024

(Note: Filing covers the previous calendar year)

For assistance in completing this form contact: Arkansas Ethics Commission

	Rock, AR 72201	i.			one (501) 324- oll Free (800) 4	
	(501) 682-5070 01) 682-3548 Is this an amend	dment? Yes No				
nothig	provide complete information. If the information is "Not Applicable" in that section. Do no nation to this document. Do not file this for	it leave any part of this form	blank. If addition	not apply to you nal space is need	ı, indicate suc ed, you may a	ch by attach the
	TON 1- NAME AND ADDRESS	discount of the state of the st	<i>y</i> .			
	WEST	MART	HA		ELA	NE
Addre	ss 1915 FOXGLOVE 2	DR BRYA	WY Al	7	72022	e)
Phone	501-909-3367	(Čity	(Sta	te)	(Zip C	
Spous	e's name					
All na	(Last) mes under which you and/or your spouse of	do business: Marth	a West		(Middl	e)
	he Committee to &	ect Martha	West	40		
SECT	ION 2- REASON FOR FILING					
	Public Official					
X	Candidate Justice of Ti	HE PEACE SAL	NE COUN	ITY DIS	TRICT :	#3
	District Judge	(office sought)				
		(name of district)				
	City Attorney	(name of city)		20.50		
П	State Government: Agency Head/Depar	• •	ector			
_		unent Director/Division Dire		ne of agency/depar	tment/division)
	Chief of Staff or Chief Deputy	() () () ()				
	Public consists to State Parel of C	(name of Constitutional Off			ives)	
	Public appointee to State Board or Com-	mission	e of board/commiss	ion)	7 -	73
	School Board member		c of board/commiss	ion)	124 J	OBAS
		(name of school district			10 3	E S
	Candidate for school board	(name of school district			8 =	8E-
П	Public or Charter School Superintenden		<i>5</i> .			FEE
	Public or Charter School Superintendent	(name of school district/scl	1001)		=	
	Executive Director of Education Service	The second secon			100	Fig.
	-		(name of cooper	ative)		
	Advertising and Promotion Commission	member				
			of advertising and	promotion commi	ssion)	

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.

(name of research park authority board)

Research Park Authority Board member under A.C.A. § 14-144-201 et seq._

SECTION 2- REASON FOR FILING (continued)	
Planning board or commission	poards or commissions (list name of 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, yo or your spouse receives gross income amounting to more than \$1,000. (Yo income that constitute a portion of the gross income of the business or profe example: accountants, attorneys, farmers, contractors, etc. do not have to li exceeding \$1,000 from at least one source, the answer N/A is not correct.	ou are not required to disclose the individual items of ession from which you or you spouse derives income. For
MARTHA WEST (address)	
Provide a brief description of the nature of the services for which the compo	2013-011-00
b) Check appropriate box: More than \$1,000	More than \$12,500
(name of employer or sou	arce of income)
(address)	
(name under which inco	ome received)
Provide a brief description of the nature of the services for which the compe	ensation was received
c) Check appropriate box: More than \$1,000	More than \$12,500
(name of employer or sou	arce of income)
(address)	
(name under which inco	ome received)
Provide a brief description of the nature of the services for which the compe	ensation was received

SECTION 4- BUSINESS OR HOLDINGS

investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period. Check appropriate box More than \$1,000 More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) Check appropriate box: More than \$1,000 More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) 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) Check appropriate box: More than \$1,000 More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held) Check appropriate box: More than \$1,000 More than \$12,500 (name of corporation, firm or enterprise) (address) (name under which investment held)

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

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)	[/ ^	
,	11/4	(name of business, corporation, firm, or enterprise)
-		(address)
		(office or directorship held)
		(name of office holder)
b)		
	1112	(name of business, corporation, firm, or enterprise)
	MIL	(address)
		(office or directorship held)
		(name of office holder)
SEC'	TION 6- CREDITORS	
outsta	anding. (This does not include debts over the control of the contr	thousand dollars (\$5,000) or more was personally owed or personally obligated and is still yed to members of your family or loans made in the ordinary course of business by either rly and customarily extends credit.)
a)	MA	(name of creditor)
b)		(address of creditor)
U)		(name of creditor)
c)	5	(address of creditor)
c)		(name of creditor)
		(address of creditor)
SEC	TION 7- PAST-DUE AMOUNTS OV	ED TO GOVERNMENT
	he name and address of each governme ature of the amount of the obligation.	ntal body to which you are legally obligated to pay a past-due amount and a description of
a)	and the same of th	
	(name of governmental body)	(address of governmental body)
b)	(amount owed)	(nature of the obligation)
	(name of governmental body)	(address of governmental body)
	(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

List each guaranto extended and refin	r or co-maker who hanced after Jan. 1, 1	as guaranteed a de 989. Members of	ebt of yours that is your family who a	still outstan re your gua	ding. (This includes debt guarantors arising rantors are not required to be disclosed.)	ng or
a)	- 10				* Order Control Contro	
			(name)	***************************************		
b)	P(1		(address)			
~ 			(name)			
		14	(address)			
SECTION 9- GIF	TS					
your spouse and of entertainment, adve are a number of ex Interest prepared for	t each gift of more the ance, services, or any ceptions to the define or use with this form son from whom the i	nan \$250 received ything of value un ition of "gift." The . (Note: The value	by your dependent iless consideration on nose exceptions are ue of an item shall be	children. Tof equal or a set forth in se considere	each gift of more than \$100 received by you have term "gift" is defined as "any payment greater value has been given therefor." The the Instructions for Statement of Financia and to be less than \$100 if the public servant reimbursement occurs within ten (10) day	ere l
a) 100 e	oo Cash	donatro	n to comp	raign		
2	11-01-20		(description of	oift)	100,00 cash	
Mar	tha West		ycheck		(fair market value)	
	00 1	, ,	(source of gif	t)		
b)	cash o	donation	(description of	(0)		
10	1-22-202	3	(description of)	giit) <u>6</u>	500,00 cas	
	(date)	Holida	Bonus		(fair market value)	
	- 20 1		(source of giff	t)		
c) 25	or chec	k dona	tion to c	ampa	ig n	
	12-06-20	123	(description of	gift)	250,00 cash	
	Sherry Jense		way St. Bente	In AR	(fair market value)	6.
	2-4 150	, , ,	(source of gift	t)		
d)	350, - C	heek di	(description of	Can	paign	
	12-17-2	2023	(description of §	g11t)	350. CASH	
Saline C	ounty Dem	ocrat Pa	ty can	paign	(fair market value)	
e)			/ (source of gift	,		
7			(description of g	gift)		
	(date)			- In	(fair market value)	

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

(source of gift)

SECTION 10- AWARDS

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

a)	
NID	(description of award)
(date)	(fair market value)
	(source of award)
, (A	(description of award)
(date)	(fair market value)
	(source of award)
K [] N	(description of award)
(date)	(fair market value)
	(source of award)
11/	(description of award)
(date)	(fair market value)
	(source of award)
ist each nongovernmental source	ENTAL SOURCES OF PAYMENT of payment of your expenses for food, lodging, or travel which bears a relationship to your of
vhen you appear in your official	pacity when the expenses incurred exceed \$150.
) N/ P	(name of person or organization paying expense)
10(1	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)
)	(name of person or organization paying expense)
10/18	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)

SECTION 12- DIRECT REGULATION OF BUSINESS

a)	,		
	MIA	(goods or services)	
	10(1)	(governmental body to whom sold)	
b)	•	(compensation paid)	320
	4 (/4	(goods or services)	The state of the s
	NA	(governmental body to whom sold)	
c)		(compensation paid)	
/	1 (/ v	(goods or services)	
2.	NA	(governmental body to whom sold)	-
d)		(compensation paid)	
-	110	(goods or services)	
2.50	NO	(governmental body to whom sold)	
Same Park		(compensation paid)	

SECTION 14- SIGNATURE

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

STATE OF ARKANSAS

COUNTY OF

Subscribed and sworn before me this

OFFICIAL SEAL - NOTARY PUBLIC

GAREBINDEOVOIDITY SERMANSAS COMMISSION #12716295 MY COMMISSION EXPIRES 9-22-2031

JENNIFER C. DORSEY

My commission expires:

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

IMPORTANT

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.

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 t	the County Clerk of the county in which t	he election is held	
1. Name of Candidate	-	ne election is neig	
MAKI	HA E. WEST		
Address 1915 FOX GLOVE	OR.		
City, State and Zip	72022	Phone Number: 501 - 909	-2217
Office Sought	District Number	301-701	rk's File Stamp)
JP dist &	1.3	Cier	Print .
Does the candidate have a campaig	n committee? (X)Yes ()No		2024 2024
it yes, complete the following:			E DO
Name of Chairperson/Treasurer:			R FA
Mailing Address	Phone Number:		2 000
10, BOX 178 Bryant, AR 72089	561-943-8406		R HOO
2. Type of Election: (check only one)	Year of Election 2024		_ <=
☐ Primary ☐ Primary Runoff ☒ Ge		İ	: 39
	Annual School Runoff		9 2
☐ A political party as defined in Ark. Code Assembly, the Senate, or the House of Contributors to the candidate's campaid	gn from taxation under Section 501(c)(3) of the	ortionment Fund) of the Arkansas General	*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.
SUMM	AARV	Top property and	
4. Balance of campaign funds at be	eginning of reporting period	FOR REPORTING PERIO	OD CUMULATIVE TOTAL
5. Interest (if any) earned on campa	ign account	-	
6. Total Loans (enter total from line	13)	1 -	
Total Monetary Contributions (en	iter total from line 19)	1384.91	
Total Expenditures (enter total from the state of /li>	om line 28)	. 269.85	
9. Balance of campaign funds at clo	ose of reporting period		
If this is candidate's final report for	or an election, amount of		
remaining campaign funds or out (use brackets to indicate debt)	standing indebtedness	1/15,06	
11. () NO ACTIVITY (check if you have n	not received contributions loans or made expend		
I certify to the best of my knowledge and financial statement of my (the candidate's	belief that the information disclosed in t	his report is a complete	, true, and accurate
, (and definition)	of sampaign contributions and expendit	ures.	
	11.4	11/1	
	Math	a vest	
Sworn to and subscribed before me, a Notary Public	Signature of Candidate or	Candidate's Representati	ve
	, Joseph J.	ansas, on this day of	
(Legible Notary Seal)	Notary Signature		
Notes Inc.	My Commission Expires:_		
Note: If faxed, notary seal must	be legible (i.e., either stamped or	raised and inked) ar	nd 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
	NA		
	13. TOTAL LO	ANS DURING REPORTING PERIOD	s Ø

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

receipt		nonmonov item		
	a \ / 0	nonmoney item	item	This Contributor
	NA	! !		
				! !
i				
Í				
	15. TOTAL NONMONE	Y CONTRIBUTIONS		0
	10. TOTAL NORMONE	- CONTRIBUTIONS		

In addition to monetary contributions, candidates are required to report the 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

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.

5. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Lise copies of this page on p

(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		
11/201	Martha West 1915 Foxglove Dr.	Auto-Owners Ins	□Primary □ Run-Off □General □ Debt	Contributor		
104/22		Insurance Policy Auditor	500	500		
100	Bryand, AR T2022	Auditor	300			
12/5/	Sherry Jensen 529 W. Conway St.	St. Vincents	□Primary □ Run-Off □General □ Debt			
/23i	529 W. Conway St.	Registered Nurse	250	250		
	Benton, AR 72015	negistrativaise				
12/11/	Saline Co. Dem Party	Democratic	Drimani T Diin Off			
1/23	Saline Co. Dem Party 10/5. Market St. Benton AR 72015	Party of Saline Co.	350	350		
			□Primary □ κun-∪ιι □General □ Debt			
1		1				
			□Primary □ Run-Off			
i		!	Conoral Dobt			
1	7.7	!	a second of a contract with			
			□General □ Debt			
<u> </u>		!				
			□Primary □ Run-Off □General □ Debt			
i		! !				
i		: !	Primary Run-Off			
		: !	□Primary □ Run-Off			
	*		□General □ Debt			
Subtotal of Contributions This Page // 00,00						
Subtotal of Contributions This Page // 00,50						

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

P3 4	. 10400 1)	po or r rint		
Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
			□Primary □ Run-Off □General □ Debt	CONTINUED
			□Primary □ Run-Off □General □ Debt	
	-		□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Uff □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General ⊔ Debt	
			□Primary □ Run-Off □General □ Debt	
			☐Primary ☐ Run-Off	
			□General □ Debt	
7 707	AL ITCHISCO MANIES AND			
7. TOTA	AL ITEMIZED MONETARY CONTRIBUTIONS OVER \$2	00		
0. TOT	AL NONITEMIZED MONETARY CONTRIBUTIONS			
(inclu	AL MONETARY CONTRIBUTIONS THIS REPORT ides totals from lines 17 and 18)			

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.

20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Filing Fee	TOTAL AMOUNT
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)	
Neighbor Hood Campaign Approximent (food)	. A C. 3
A TOUR SALES	47.82
Campaign Signs (10)	101166
	104.99
Campaign Cards (1500)	150 15
	127.13
21. TOTAL CAMPAIGN EXPENDITURES	269.85

22. PAID CAMPAIGN WORKERS

NAME OF WORKER	AMOUNT	gn, does not have to be full-time worker) NAME OF WORKER	AMOUN
	PAID		PAID
			17415
		The state of the s	60
The state of the s		23. TOTAL PAID CAMPAIGN WORK	EDG A

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

Name and Address of Supplier/Payee Description of Expenditure Date of Expenditure			
O I Alacata	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Droducte	10 Campaign signs	12/	
Custom Advertising Products 17126 Lawson RD Little Rock	1500 Campany cards	12/28	127.13
70.00			
5. TOTAL ITEMIZED EXPENDITURES	THIS REPORT		122 /2
6. TOTAL NONITEMIZED EXPENDITION		47.82	
11. IOTAL PAID CAMPAIGN WORKED	S THIS DEDORT /	rom line 23)	9
8. TOTAL EXPENDITURES THIS REPO	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 Electic..

Please Type or Prin: Use additional pages if necessary

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF DEBT	CURRENT BALANCE
	1	
	1	
ė.		
	30. TOTAL DEB	T