STATEMENT OF FINANCIAL INTEREST

State/District officials file with: John Thurston, Secretary of State 500 Woodlane Street Little Peek AP, 72201 (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

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.

SEC	TION 1- NAME AND ADDRESS	Endisus Ethics Commission.	
	e_ (1) hittey	Jim	(0)
Addr	ess 3020 (Last) Vilotaio	(First) to OP	(Middle)
Phone	(Street or P.O. Box Number)	(City) (State)	(Zip Code)
	se's name Whitfelf	Tomonom	1
	(Last)	(First)	(Middle)
All na	ames under which you and/or your spouse do business:		(Wilddie)
er.ca	FION & DE ACON FOR THE TAXABLE		
EC.	Public Official Justice of T	re Peace	2024 8Y_
	Candidate	office held)	JA: SAL
	District Judge	ffice sought)	6 28
	City Attorney	me of district)	3 450
	State Government: Agency Head/Department Directo	name of city)	- F
	Chief of Staff or Chief Deputy		y/department/division)
	(name of Co Public appointee to State Board or Commission	onstitutional Officer, Senate, or House of Repu	resentatives)
	School Board member	(name of board/commission)	
		of school district)	
	Public or Charter School Superintendent	of school district)	
		chool district/school)	
	Advertising and Promotion Commission member	(name of cooperative)	
	Research Park Authority Board member under A.C.A.	(name of advertising and promotion	commission)
		(name of rese	arch 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): ☐ Planning board or commission
	☐ Airport board or commission
	☐ Water or Sewer board or commission
	☐ Utility board or commission
	☐ Civil Service commission
SECT	ON 3- SOURCE OF INCOME
income example exceed: a) C	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 spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For exaccountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income in \$1,000 from at least one source, the answer N/A is not correct. More than \$1,000 from than \$12,500 from the source of income for the use or benefit of you spouse derives income. For exaccountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income in \$1,000 from at least one source, the answer N/A is not correct. More than \$12,500 from than \$12,500 from the source of income for income for the use or benefit of your spouse derives income. For exaccountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income in \$1,000 from at least one source, the answer N/A is not correct.
Provide	abrief description of the nature of the services for which the compensation was received
b) Che	ock appropriate box: Saline More than \$1,000 More than \$12,500
_	200 N. Main Stame of employer or source of income 19015
0	(name under which income received)
Provi de	a brief description of the nature of the services for which the compensation was received
c) C	More than \$1,000 OMNUME WORK COLUMN More than \$12,500
	1909 Hwy 5 9. (dame of employer or source of income) 3022
	(name under which income received)
Provide	a brief description of the nature of the services for which the compensation was received Montgage Lendon

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			
3 		(name of corporatio	n, firm or enterprise)			
		(add	lress)			
Series.		(name under which investment held)				
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation	n, firm or enterprise)			
		(add	ress)			
		(name under which	h investment held)			
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
Should be	(address)					
		(name under which	h investment held)			
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
		(addi	ress)			
-	(name under which investment held)					
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
2001/11/19		(addr	ress)			
		(name under which	n investment held)			
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(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)	
(name	e of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
(name	e of business, corporation, firm, or enterprise)
= 1	(address)
	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
outstanding. (This does not include debts owed to a financial institution or a person who regularly and a) Rockelt Morkey 1617 Park Plan B) Mahindra Financial P D BOX 77114, 1 C) Home Depot	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 dicustomarily extends credit.) (name of creditor) (name of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED TO	O GOVERNMENT
List the name and address of each governmental book he nature of the amount of the obligation.	dy to which you are legally obligated to pay a past-due amount and a description of
1)	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guaranteed a extended and refinanced after Jan. 1, 1989. Members	a debt of yours that is still outstanding. (This includes debt guarantors arising a of your 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 receiventertainment, advance, services, or anything of value are a number of exceptions to the definition of "gift." Interest prepared for use with this form. (Note: The variety prepared for the whom the item was receive from the date the item was received.)	imate of the fair market value of each gift of more than \$100 received by you deed by your dependent children. The term "gift" is defined as "any payment, unless consideration of equal or greater value has been given therefor." There Those exceptions are set forth in the Instructions for Statement of Financial value of an item shall be considered to be less than \$100 if the public servant yed any amount over \$100 and the reimbursement occurs within ten (10) days
a)	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	(4
	(description of gift)
(date)	(fair market value)
	(source of gift)
2)	(description of gift)
(date)	(fair market value)
	(source of gift)
i)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
e)	(description of gift)
(dota)	<u> </u>
(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)	
	(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)	
(6	description of award)
(date)	(fair market value)
	(source of award)
SECTION 11- NONGOVERNMENTAL SOURCES OF	PAYMENT
List each nongovernmental source of payment of your expen	uses for food, lodging, or travel which bears a relationship to your office
when you appear in your ornicial capacity when the expenses	s incurred exceed \$150.
(name of person	or organization paying expense)
	pusiness address) \$
(date of expense)	(amount of expense)
(nate	ure of expenditure)
b)	
(name of person of	or organization paying expense)
(b	ousiness address) \$
(date of expense)	(amount of expense)
(nati	ure of expenditure)

List any business which employs you and	is under direct regulation or subject to direct control by the governmental body which you see	rve.
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)	
List the goods or services sold to the gove	NMENTAL BODY rnmental body for which you serve which have a total annual value in excess of \$1,000. List to	he
List the goods or services sold to the gove compensation paid for each category of go stockholder owning more than 10% of the	rnmental body for which you serve which have a total annual value in excess of \$1,000. List toods or services sold by you or any business in which you or your spouse is an officer, director stock of the company.	the , or
List the goods or services sold to the gove compensation paid for each category of go stockholder owning more than 10% of the	rnmental body for which you serve which have a total annual value in excess of \$1,000. List tods or services sold by you or any business in which you or your spouse is an officer, director stock of the company. (goods or services)	the , or
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List the goods or services sold to the gove compensation paid for each category of go stockholder owning more than 10% of the a)	rnmental body for which you serve which have a total annual value in excess of \$1,000. List odds or services sold by you or any business in which you or your spouse is an officer, director stock of the company. (goods or services) (governmental body to whom sold) (goods or services) (governmental body to whom sold) (goods or services) (governmental body to whom sold) (goods or services)	the; or

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

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.

STATEMENT OF FINANCIAL INTEREST

For assistance in completing Calendar year covered ___ State/District officials file with: this form contadth E COUNTY Arkansas Ethics Corollision CL John Thurston, Secretary of State (Note: Filing covers the previous calendar year) 500 Woodlane Street Phone (501) 324-9600 Little Rock, AR 72201 Toll. Freq (800) 422-77794 1: 38 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 Name (Street or P.O. Box Number) (Middle) All names under which you and/or your spouse do business: SECTION 2- REASON FOR FILING Public Official (office held) Candidate ____ (office sought) District Judge (name of district) City Attorney (name of city) State Government: Agency Head/Department Director/Division Director (name of agency/department/division) Chief of Staff or Chief Deputy

(name of Constitutional Officer, Senate, or House of Representatives)

(name of cooperative)

(name of advertising and promotion commission)

(name of research park authority board)

(name of board/commission)

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.

Public appointee to State Board or Commission

Executive Director of Education Service Cooperative

Advertising and Promotion Commission member

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

School Board member

Candidate for school board

Public or Charter School Superintendent ___

(name of school district)

(name of school district)

(name of school district/school)

SECT	ION 2- REASON FOR	FILING (continued)		
	Appointee to one of the ☐ Planning board or c	e following municipal, county or region	nal boards or commissions (list n	ame of board or commission):
	☐ Airport board or cor	nmission		
		rd or commission		
		mission		500 - Sept - 100
	and the second of the second of	ission	ALL AND	
SECTI	ON 3- SOURCE OF IN	COME		
or your income exampl exceedi	spouse receives gross in that constitute a portion e: accountants, attorney	other source of income from which you come amounting to more than \$1,000. of the gross income of the business or s, farmers, contractors, etc. do not have one source, the answer N/A is not correct than \$1,000	(You are not required to disclost profession from which you or you to list their individual clients.)	e the individual items of u spouse derives income. For If you receive gross income
Shirt of Jacobs		(name of amulayan a		
	Soft emi	luy ED (name of employer o	r source of income)	
	Self em; Wesjez S	(addr		
-		(name under which	income received)	
Provide	a brief description of the	e nature of the services for which the c		BARBER
b) Che	eck appropriate box:	More than \$1,000	More than	ı \$12,500
	WESIER	Security (name of employer of		
5. (a), (b), (b)		(addre	ess)	
	1/2	(name under which	income received)	The state of the s
Provide	a brief description of the	e nature of the services for which the c	ompensation was received	
c) C	heck appropriate box:	☐ More than \$1,000	☐ More than	n \$12,500
		(name of employer or	r source of income)	The second second
-		(addre	ess)	With the second
**************************************		(name under which	income received)	FOL DI
Provide	a brief description of the	e nature of the services for which the co	ompensation 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	
	CONTROL OF STREET	(name of corpora	ation, firm or enterprise)		
	1-		address)		
-		(name under w	which investment held)		
b)	Check appropriate box:	☐ More than \$1,000		More than \$12,500	
	-	(name of corpora	tion, firm or enterprise)	1.	
	**************************************	(address)	The state of the s	
		(name under w	which investment held)		
c)	Check appropriate box:	☐ More than \$1,000		More than \$12,500	
	(name of corporation, firm or enterprise)				
-			address)		
-		(name under v	hich investment held)		
d)	Check appropriate box:	☐ More than \$1,000		More than \$12,500	
		(name of corpora	tion, firm or enterprise)		
		(address)		
	The second secon	(name under w	hich investment held)		
e)	Check appropriate box:	☐ More than \$1,000		More than \$12,500	
	770000000000000000000000000000000000000	(name of corpora	tion, firm or enterprise)		
	PRESIDENT	(address)		
		(name under w	hich investment held)	74.40	
f)	Check appropriate box:	☐ More than \$1,000		More than \$12,500	
-	- CONTRACT	(name of corpora	tion, firm or enterprise)	1,000	
	-	(address)		
		(name under w	hich investment held)	0.44 0.54	

SECTION 5- OFFICE OR DIRECTORSHIP

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)

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

SECTION 8- GUARANTOR OR CO-MAKER

or extended and refinanced after Jan. 1, 1989. Memb	a debt of yours that is still outstanding. (This includes debt guarantors arisiners of your family who are your guarantors are not required to be disclosed.)
a)	(name)
	(address)
b)	
	(name)
	(address)
SECTION 9- GIFTS	
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a)	(description of gift)
(date)	(fair market value)
(duto)	
ь)	(source of gift) (description of gift)
(date)	(fair market value)
	(source of gift)
c)	(description of gift)
(date)	(fair market value)
The state of the s	(source of gift)
d)	(description of city)
	(description of gift)
(date)	(fair market value)
	(source of gift)
e)	(description of gift)
(date)	(fair market value)
	(source of gift)

SECTION 10- AWARDS

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

a)		(description of award)	
		(description of award)	
(date	2)		(fair market value)
	± 11	(source of award)	
b)			
9)		(description of award)	
(date)		(fair market value)
		(source of award)	
a).		**************************************	
c)		(description of award)	
· (date	2)		(fair market value)
***************************************		(source of award)	· ·
J.		(**************************************	
d)	Productive design of the second secon	(description of award)	The state of the s
(date	e)		(fair market value)
	* · · · · · · · · · · · · · · · · · · ·		(tail indirect value)
		(source of award)	
Amana	·		e
SECTION 11- NONGOVER			
List each nongovernmental sou when you appear in your officia	rce of payment of your	expenses for food, lodging	g, or travel which bears a relationship to your office
whom you appear in your officer	ii capacity when the exp	benses incurred exceed \$1:	50.
a)	f / (name of ne	erson or organization paying	2422
/	A (maine of pe		expense)
./	V/A	(business address)	\$
(date of expense)	111	The same of the sa	(amount of expense)
		(nature of expenditure)	
b)			
A STATE OF THE PARTY OF THE PAR	(name of pe	erson or organization paying	expense)
THE STATE OF	The second secon	(business address)	
(date of expense)			\$
(uate of expense)			(amount of expense)
		(nature of expenditure)	

List any business which employ	ys you and is under direct regulation or subject to direct control by the government	ental 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)		
\$ a	(name of business)	
	(governmental body which regulates or controls)	
a)	(goods or services)	
	/ / / / /	
b)	(compensation paid)	
	(goods or services)	
	(governmental body to whom sold)	
c)	(compensation paid)	
V)	(goods or services)	
	(governmental body to whom sold)	
d)	(compensation paid)	
d)		
	(goods or services)	

SECTION 12- DIRECT REGULATION OF BUSINESS

(compensation paid)

SECTION 14- SIGNATURE

I certify under penalty of false swearing that the above informa	Signature
STATE OF ARKANSAS COUNTY OF SALVE Subscribed and sworn before me this 20th day of (Legible Notary Seal)	Notary Public 20 2:4

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).

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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.

My commission expires: 12-31-2025

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

General Information:

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- * The filing covers the <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.

SECT	TION 1- NAME AND ADDRESS		
Name	Johnson. Stepha	nie	K.
Addres	ss P.O. Box 1043 (First) Alexander	der, AR	(Middle)
Phone	(Street or P.O. Box Number) (City) $501 - $58 - 2745$	(State)	(Zip Code)
Spouse	e's name		
All nar	(Last) (First) mes under which you and/or your spouse do business:		(Middle)
SECT	TON 2- REASON FOR FILING		
	Public Official		
	Candidate <u>Justice of the Place</u>	District 12	
	District Judge		
	City Attorney	Ĭ,	780E
	(name of city) State Government: Agency Head/Department Director/Division Director _		SAL
			t/division)
	Chief of Staff or Chief Deputy		PH 2
	School Board member	ard/commission)	7LERN 39
	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	ne of cooperative)	
	(name of adv. Research Park Authority Board member under A.C.A. § 14-144-201 et seq.	ertising and promotion commission	

c) (Check appropriate box:	☐ More than \$1,000 (name of employer or s	More than \$12,50	00
Provid	de a brief description of the	nature of the services for which the con		
		(name under which in	ncome received)	
-		(address	s)	
		(name of employer or s	source of income)	
b) C	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,50	00
Provi	de a brief description of the	(name under which is e nature of the services for which the con	icome received)	
		Stephanie J	To hason	
		303 W. Capitol	Source of income) Ave., Ste., 330, LR,	AR 72201
		Protect Solution	source of income)	
a)	Check appropriate box:	☐ More than \$1,000	More than \$12,5	00
or yo incon exam	our spouse receives gross in the that constitute a portion tiple: accountants, attorneys	other source of income from which you, come amounting to more than \$1,000. (of the gross income of the business or pros, farmers, contractors, etc. do not have to one source, the answer N/A is not correct	You are not required to disclose the incorposession from which you or you spouse list their individual clients.) If you re	dividual items of se derives income. For
	I ON O SOURCE OF I	COMP		
SEC	TION 3- SOURCE OF IN	COME		
		ission		
		nmission		
		rd or commission		
		mmission		
	☐ Planning board or c	e following municipal, county or regional commission	l boards or commissions (list name of	board or commission

SECTION 4- BUSINESS OR HOLDINGS

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

a)	Check appropriate box:	More than \$1,000	☐ More than \$12,500
-		(name of corporation,	firm or enterprise) Chenal Plwy., St. 130, UL, AR 78
		(addre	es)
		Stephani	e Johnson
		(name under which	investment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
		(addre	ess)
		(name under which	investment held)
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
550011		(addre	ess)
		(name under which	investment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
		(addre	ess)
-		(name under which	investment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
C West		(addre	ess)
		(name under which	investment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
		(addre	ess)
		(name under which	investment held)

SECTION 5- OFFICE OR DIRECTORSH	FICE OR DIRECTORSHIP
---------------------------------	----------------------

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

a)		
		(name of business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
-		(name of office holder)
b)		
-		(name of business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
		(name of office holder)
SEC	TION 6- CREDITORS	
outst	anding. (This does not include debts	ve thousand dollars (\$5,000) or more was personally owed or personally obligated and is still owed to members of your family or loans made in the ordinary course of business by either tularly and customarily extends credit.)
a)		Penny Mac Mortgage (name of creditor) P.O. Box 4095, Carol Stream, IL 60197-4095
		P.O. Bo x 4095, Garo) Stream, TL 60197-4095
b)		mosqi(
		P.O. Box (name of creditor) Phoenix, AZ 85062-8080
c)		(address of creditor) Ran V
		P.O. Box 71715, Philadelphia, PA 19176-17 (address of creditor)
SECT	TION 7- PAST-DUE AMOUNTS (OWED TO GOVERNMENT
List the	he name and address of each governmenture of the amount of the obligation.	nental body to which you are legally obligated to pay a past-due amount and a description of
1)		
	(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 6- Creditors

- (d) Arvest Bank 5000 Rogers Ave. Fort Smith, AR 72903
- (e) Nelnet P.O. Box 82561 Lincoln, N∑ 68501-2561
- (f) College Ave Student Loans Clo University Accounting Scruice, LLC P.O. Box 918 Brookfield, WI 53008 - 0918

SECTION 8- GUARANTOR OR CO-MAKER

	(name)
b)	(address)
b)	(name)
	(address)
SECTION 9- GIFTS	
your spouse and of each gift of more than \$250 entertainment, advance, services, or anything of are a number 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)	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
c)	
	(description of gift)
(date)	(fair market value)
(date)	(fair market value) (source of gift)
	(source of gift)
	(source of gift)
d)	(source of gift) (description of gift)
d)	(source of gift) (description of gift) (fair market value) (source of gift)
(date)	(source of gift) (description of gift) (fair market value)

SECTION 10-AWARDS

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

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(fair market value)
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MENT
r food, lodging, or travel which bears a relationship to your offered exceed \$150.
anization paying expense)
s address)
(amount of expense)
expenditure)
anization paying expense)
ss address)
(amount of expense)
expenditure)

SECTION 12- DIRECT REGULATION OF BUSINESS List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve. (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) 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. (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

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

STATE OF ARKANSAS

COUNTY OF Soline

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

CARRIE L BRIDGES
Notary Public - Arkansas
Saline County
(Legole Notary mission # 12708257
My Commission Expires Aug 9, 2029

My commission expires: 8 9 2029

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

IMPORTANT

Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

General Information:

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

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

Check if this report is an amendment

This report should be filed with	the County Clerk of the county in which th	e election is held	
1. Name of Candidate Stephanie	ohnson		
Addrage			
P.O. Box 1043	3		
City, State and Zip	0 00 0	Phone Number:	
Akxander, A	R 73003		158-2745
Office Sought	District Number	(Clerk's	File Stamp)
Justile of the Peace			
Does the candidate have a campaig	gn committee? ()Yes ()No		
If yes, complete the following: Name of Chairperson/Treasurer:			
Name of Champerson/Treasurer.			
Mailing Address	Phone Number:	7,59	2024
2. Type of Election: (check only one)	Year of Election 2034		[2] CO
Primary Primary Runoff Ge			三 元
☐ Special ☐ Annual School [☐ Annual School Runoff		<u>~</u> ≈ = 7
☐ Treasurer of State (for benefit of General Control of General Co	by which remaining campaign funds we eral Revenue Fund Account of the State Appo	ortionment Fund) of the Arkansas General	*If the campaign has not ended, disposal of campaign funds is not required and the
 ☐ Contributors to the candidate's campa ☐ A nonprofit organization that is exemp ☐ Cities of the first class, cities of the se 	aign of from taxation under Section 501(c)(3) of the	Internal Revenue Code	candidate may carry forward any remaining campaign funds to the next election in the cycle for that same office.
☐ Contributors to the candidate's campa ☐ A nonprofit organization that is exemp ☐ Cities of the first class, cities of the se ☐ Supplemental Report SUN	aign of the section taxation under Section 501(c)(3) of the second class, or incorporated towns	Internal Revenue Code	forward any remaining campaign funds to the next election in the cycle for that same office.
□ Contributors to the candidate's campa □ A nonprofit organization that is exemp □ Cities of the first class, cities of the se □ Supplemental Report SUM 4. Balance of campaign funds at the	aign of from taxation under Section 501(c)(3) of the econd class, or incorporated towns MMARY Deginning of reporting period	Internal Revenue Code	forward any remaining campaign funds to the next election in the cycle for that same office.
□ Contributors to the candidate's campa □ A nonprofit organization that is exemp □ Cities of the first class, cities of the se □ Supplemental Report SUM 4. Balance of campaign funds at to 5. Interest (if any) earned on campaign	aign out from taxation under Section 501(c)(3) of the econd class, or incorporated towns MMARY Deginning of reporting period Daign account	Internal Revenue Code	forward any remaining campaign funds to the next election in the cycle for that same office.
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□ Contributors to the candidate's campa □ A nonprofit organization that is exemp □ Cities of the first class, cities of the se □ Supplemental Report SUM 4. Balance of campaign funds at b 5. Interest (if any) earned on camp 6. Total Loans (enter total from lin 7. Total Monetary Contributions (e. 8. Total Expenditures (enter total form)	aign of from taxation under Section 501(c)(3) of the second class, or incorporated towns IMARY Deginning of reporting period paign account see 13) Enter total from line 19) from line 28)	FOR REPORTING PERIOD O	forward any remaining campaign funds to the next election in the cycle for that same office.
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□ Contributors to the candidate's campa □ A nonprofit organization that is exemp □ Cities of the first class, cities of the se □ Supplemental Report 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 (e.e., and total Expenditures (enter total from line) 9. Balance of campaign funds at contributions (e.e., and total from line) 10. If this is candidate's final report remaining campaign funds or on (use brackets to indicate debt) 11. () NO ACTIVITY (check if you have line) I certify to the best of my knowledge and	aign of from taxation under Section 501(c)(3) of the second class, or incorporated towns IMARY Deginning of reporting period Design account Section 13) Denter total from line 19) Ifrom line 28) Close of reporting period If for an election, amount of sutstanding indebtedness The not received contributions, loans, or made expended belief that the information disclosed in the second contribution of successions.	FOR REPORTING PERIOD O O O O O O O O O O O O	forward any remaining campaign funds to the next election in the cycle for that same office. CUMULATIVE TOTAL
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□ Contributors to the candidate's campa □ A nonprofit organization that is exemp □ Cities of the first class, cities of the se □ Supplemental Report 4. Balance of campaign funds at but so the se supplemental Report 5. Interest (if any) earned on campa sequence of campaign funds at but so the sequence of campaign funds at sequence of campaign funds or of sequence of sequenc	in the from taxation under Section 501(c)(3) of the second class, or incorporated towns IMARY Deginning of reporting period Deaign account INTERNATION TO BE TO B	ditures during this reporting period this report is a complete, sures.	forward any remaining campaign funds to the next election in the cycle for that same office. CUMULATIVE TOTAL and accurate
□ Contributors to the candidate's campa □ A nonprofit organization that is exemp □ Cities of the first class, cities of the se □ Supplemental Report 4. Balance of campaign funds at building funds at building funds at building funds at building funds. 5. Interest (if any) earned on campa funds at building funds at building funds at building funds at contributions (et al., and funds fun	in and for Soline Notary Signature Notary Signature of Candidate on Notary Signature	ditures during this reporting period this report is a complete, sures.	forward any remaining campaign funds to the next election in the cycle for that same office. CUMULATIVE TOTAL and accurate

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
			XII.
	Tax -		NO UNITED STATE
		150	agor A
	13. TOTAL L	OANS DURING REPORTING PERIOD	\$ 6

IMPORTANT

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

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

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

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

14. NONMONEY CONTRIBUTIONS

Does not include volunteer services by individuals

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
	the state of the s		artis 4	36
97		7.0	a racing	et et et e
		4447		
			and the state	
	15. TOTAL NONMONEY C	ONTRIBUTIONS	0	The state of the second

<u>IMPORTANT</u>

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

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

16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 Please Type or Print (Use copies of this page as needed)

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
11 / 8/3	Scott Gray 1031 Hickory Week Dr. Alexander, AR 72002	Investor/ N/A	☑Primary □ Run-Off □General □ Debt	1,000
11/14/28	mary Lewis P.O. Box 17307 Little Roll, AR 72222	Phillip Lewis Engineering / Self-employed	☐ Run-Off☐ General ☐ Debt☐	250
n/10/23	Stephanie Duke 603 N. market St. Benton, AR 72015	Duke family Lmtd. Part/ Real estate	ØPrimary □ Run-Off □General □ Debt 250	250
	To the same of	C. Marcon Ann	□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Co	ntributions This Page	1500	

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 Please Type or Print

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
			□Primary □ Run-Off □General □ Debt	
7/	Citati		□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
24.9			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
17. TOT	AL ITEMIZED MONETARY CONTRIBUTIONS OVER S AL NONITEMIZED MONETARY CONTRIBUTIONS	5200	1500 600	
19. TOT	AL MONETARY CONTRIBUTIONS THIS REPORT udes totals from lines 17 and 18)		2100	

20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Filing Fee	300
Television Advertising	
Radio Advertising	
Newspaper Advertising	
Other Advertising	56.40
Office Supplies	
Rent	
Utilities	
Telephone	
Postage	
Direct Mail	
Travel Expenses	
Entertainment	
Fundraising	48.83
Repayment of Loans	
Returned Contributions	
Consultant Fees	
Polls	
Paid Campaign Workers	
Other (list) Bank fee	3,0
Signs	1697.77
- 0	
21. TOTAL CAMPA	AIGN EXPENDITURES 2100

22. PAID CAMPAIGN WORKERS

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

NAME OF WORKER

AMOUNT
PAID

NAME OF WORKER

AMOUNT
PAID

AMOUNT
P

24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print

Name and Address of Supplier/Payee	(Use copies of this page as n		
Satire County Republican	Description of Expenditure	Date of Expenditure	Amount of Expenditu
Benton, AR 72015	Filing Fee	11/6/23	300
Gray media lorp. 1031 Hillory Creek Dr. Alexander, AR DOOD	Signs	12/29/23	1697.77
5. TOTAL ITEMIZED EXPENDITURES T	HIS REPORT		1000 00
6. TOTAL NONITEMIZED EXPENDITUR	1997.77		
7. TOTAL PAID CAMPAIGN WORKERS	0		
8. TOTAL EXPENDITURES THIS REPORT	2100.00		

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

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

Please Type or Print Use additional pages if necessary

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF DEBT	CURRENT BALANCE
TT TTT E		SUSTEM [19]
Elegation (State		
the artifect along the second and the	30. TOTAL DEBT	0

STATEMENT OF FINANCIAL INTEREST

For assistance in completing

John The 500 Woo Little Ro Phone (5	strict officials file with: urston, Secretary of State odlane Street ock, AR 72201 501) 682-5070	Calendar year covere (Note: Filing covers t	d <u>2023</u> he previous calendar ý 20 □ Yes □ No	SALINE COUNTY OF JAN 26 PM 2	this form contact: Arkansas Ethics Commission (Phone (501) 324-9600 Toll Free (800) 422-7773
noting ' informa	rovide complete information. If the 'Not Applicable' in that section. It is not this document. Do not file	Do not leave any part of	f this form blank. If	additional space is n	you, indicate such by coded, you may attach the
	NICHOLS		RONALD		KEITH
Tiumo _	189 JAKE DRIVE		FONALD (First) BAUKITE		(Middle)
Address			BAUKITE	AR	72011
Phone .	(Street or P.O. Box Nur 501-840-2349		(City)	(State)	(Zip Code)
Spouse'	s name OLIVER		LINDA		MARGARET
Брошое	(Last)		(First)		(Middle)
All nam	es under which you and/or your sp	oouse do business:	, , ,		
Ro	N NICHOLS				
•	ON 2- REASON FOR FILING				
	Public Official				
	Candidate JUSTICE OF		ce held) E DISTRIC	T 12	
	District Judge	(offic	e sought)		
	City Attorney		of district)		
	State Government: Agency Head	•	e of city) ivision Director		
	Chief of Staff or Chief Deputy _			(name of agency/	/department/division)
_				ate, or House of Repres	sentatives)
	Public appointee to State Board	or Commission	,		
	School Board member		(name of board	/commission)	
	Candidate for school board	(name of s	chool district)		
	Public or Charter School Superin	tendent			
	Executive Director of Education	(name of scho	ol district/school)		
			(name	of cooperative)	
	Advertising and Promotion Com	mission member			
	Research Park Authority Board n	nember under A.C.A. §		ising and promotion co	
				(name of resear	ch park authority board)

SECI	IUN 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 co	☐ Airport board or commission				
	☐ Water or Sewer board or commission					
		nmission				
		nission				
SECT	TON 3- SOURCE OF I	NCOME				
or you that co accour	or spouse receives gross in onstitute a portion of the gottants, attorneys, farmers,	acome amounting to more than \$1,000. (Togross 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 a from which you or you spouse derives income. For example: individual clients.) If you receive gross income exceeding			
	Check appropriate box:	☐ More than \$1,000	More than \$12,500			
103	324 I-30, L17	(name of employer or	source of income)			
	NALD NICH		(s)			
100	IN TEN WICH	(name under which i	ncome received)			
Provid	le a brief description of th	ne nature of the services for which the cor	npensation was received HOURLY WAGE			
	neck appropriate box:	More than \$1,000	☐ More than \$12,500			
P.0	BOX 67620,	(name of employer or WILICES - BARRE, PA 187) (address	source of income)			
LIA	USA OLIVER	, (addres	s)			
		(name under which is				
Provid	e a brief description of th	e nature of the services for which the con	npensation was received DISABILITY			
	Check appropriate box:	More than \$1,000	☐ More than \$12,500			
Po	Box 4444,	(name of employer or AWESVILLE, W.T 5354	source of income)			
Ro.	NALD NICH	(name of employer or start to the start of t	s)			
		(name under which is	ncome received)			
Provid	e a brief description of th	e nature of the services for which the con	pensation was received DISABILITY			

SECTION 4- BUSINESS OR HOLDINGS

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

a)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation,	firm or enterprise)			
(address)						
(name under which investment held)			investment held)			
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation,	firm or enterprise)			
		(addre	ss)			
		(name under which investment held)				
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
		(addre	ss)			
		(name under which i	investment held)			
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
		(addre	ss)			
	(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)			nvestment held)			
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
		(addres	ss)			
Jeginnin ger	(name under which investment held)					

SECTION 5- OFFICE OR DIRECTORSHIP

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

a)	
(name of bu	siness, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
	isiness, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
	llars (\$5,000) or more was personally owed or personally obligated and is still pers of your family or loans made in the ordinary course of business by either a narily extends credit.)
a) MOHELA CHESTEFIE (633 SPIRIT DRIVE, MO 63	
(33 SPIRT DRIVE MA 63	NEP (name of creditor)
b) CAPITOL ONE AUTO	(address of creditor)
PO BOX 259407, PLANO, TX	(name of creditor)
c)	(address of creditor)
5)	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED TO GO	OVERNMENT
List the name and address of each governmental body to the nature of the amount of the obligation.	which you are legally obligated to pay a past-due amount and a description of
a)	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

extended and remnanced after Jan. 1, 1989. Membe	ers of your 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 rece entertainment, advance, services, or anything of val- are a number of exceptions to the definition of "gift. Interest prepared for use with this form. (Note: The	estimate of the fair market value of each gift of more than \$100 received by you of eived by your dependent children. The term "gift" is defined as "any payment, use unless consideration of equal or greater value has been given therefor." There ." Those exceptions are set forth in the Instructions for Statement of Financial evalue of an item shall be considered to be less than \$100 if the public servant eived any amount over \$100 and the reimbursement occurs within ten (10) days
a)	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
c)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
d)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
e)	
	(description of gift)
(date)	(fair market value)
	(source of gift)

SECTION 10- AWARDS

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

a)	
	(description of award)
(date)	(fair market value)
	(source of award)
b)	
	(description of award)
(date)	(fair market value)
	(source of award)
c)	
	(description of award)
(date)	(fair market value)
	(source of award)
d)	
	(description of award)
(date)	(fair market value)
	(source of award)
SECTION 11- NONGOVERNMENTAL SOURCE	ES OF PAYMENT
List each nongovernmental source of payment of your when you appear in your official capacity when the ex-	r expenses for food, lodging, or travel which bears a relationship to your offic expenses incurred exceed \$150.
a)	
(name of	f 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)

(governmental body which regulates or controls)

(name of business)

(governmental body which regulates or controls)

(name of business)

(governmental body which regulates or controls)

d)

(name of business)

(governmental body which regulates or controls)

SECTION 13- SALES TO GOVERNMENTAL BODY

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

a)		
	(goods or services)	
	(governmental body to whom sold)	
b)	(compensation paid)	
-	(goods or services)	
	(governmental body to whom sold)	
c)	(compensation paid)	
7	(goods or services)	
	(governmental body to whom sold)	
d)	(compensation paid)	
<u> </u>	(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.

Konald K. hickolo

STATE OF ARKANSAS

} ss

before me this 26 th day of Januar

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

IMPORTANT

Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

General Information:

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

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

STATEMENT OF FINANCIAL INTEREST

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

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

Is this an amendment? Yes No

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

SECT	TION 1- NAME AND ADDRESS			
Name	e Waite	Devor	1	Elliott
	(Street or P O Roy Number)	Alexander (City)	AR	72 00 2
Phone	ne 501-326-8446	(City)	(State)	(Zip Code)
Spous	ise's name <u>vaite</u>	Lince	1	Marie
All na	(Last) names under which you and/or your spouse do business:	N (First)		(Middle)
SECT	TION 2- REASON FOR FILING			
	Public Official		44	
d	Candidate Sustice of the	e held) Place	DiStric	+ A R R
	District Judge	sought)		JAM SAA
	City Attorney	f district)		29 29
	(name State Government: Agency Head/Department Director/Div	of city) vision Director		D NTW
	Chief of Staff or Chief Deputy		(name of agency/de	O1 50
	Public appointee to State Board or Commission		ate, or House of Represen	ntatives)
	School Board member	(name of board		
	Candidate for school board	hool district)		
	Public or Charter School Superintendent			
	(name of school Executive Director of Education Service Cooperative		of cooperative)	
	Advertising and Promotion Commission member	-	oi cooperative)	
	Research Park Authority Board member under A.C.A. § 14	(name of advert		
			(name of research	park authority board)

SECTION 2- REASON FOR FILING (continued) Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission): ☐ Planning board or commission ☐ Airport board or commission ☐ Water or Sewer board or commission ☐ Utility board or commission ☐ Civil Service commission **SECTION 3- SOURCE OF INCOME** List each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct. More than \$12,500 a) Check appropriate box: ☐ More than \$1,000 (name of employer or source of income) (name under which income received) Provide a brief description of the nature of the services for which the compensation was received Full time More than \$1,000 More than \$12,500 b) Check appropriate box: (name of employer or source of income) (name under which income received) Provide a brief description of the nature of the services for which the compensation was received 30P More than \$12,500 c) Check appropriate box: More than \$1,000 (name of employer or source of income) Wa (name under which income received) Provide a brief description of the nature of the services for which the compensation was received Full + im c

SECTION 4- BUSINESS OR HOLDINGS

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

a)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
		(name of corpor	ation, firm or enterprise)	
		7 16	(address)	4.31.,
-		(name under w	which investment held)	The state of the s
b)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
	N 1	(name of corpora	tion, firm or enterprise)	
*****		/ P	address)	
-		(name under w	which investment held)	
c)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
	h	(name of corpora	tion, firm or enterprise)	
		JA	address)	
		(name under w	hich investment held)	
d)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
		name of corpora	tion, firm or enterprise)	
		1) / 1	address)	
		(name under w	hich investment held)	
e)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
		(name of corporat	tion, firm or enterprise)	
	V	(8	nddress)	
HALL STATE OF THE	***************************************	(name under w	hich investment held)	
f)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
	<u> </u>	(name of corporat	tion, firm or enterprise)	
		/ T) (a	ddress)	
		(name under wi	hich 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 regulatory agency of this State, or of any of its political subdivisions.	ofa
a)(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 outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by eith inancial institution or a person who regularly and customarily extends credit.)	still ner a
Capital one auto Finance	
P.O. BOX 30285, Salt lak (:+4, Utah, 841	30
ROCKET MCV+GGE, (address of creditor)	
1050 Wood Ward (name of creditor) (address of creditor)	126
(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) IRS	700 W Cap: +ol ave, C: +He rock, AR	715
Un Kne by n	(address of governmental body)	1100
(amount owed)	(nature of the obligation)	
(name of governmental body)	(address of governmental body)	
(amount owed)	(nature of the obligation)	

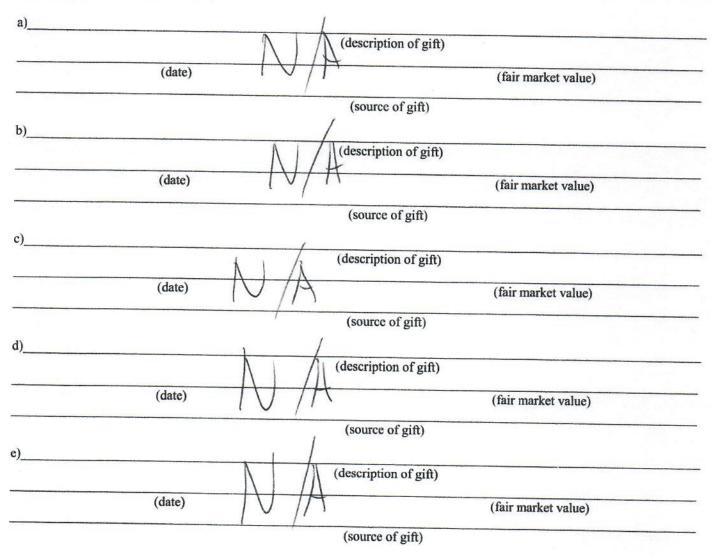
SECTION 8- GUARANTOR OR CO-MAKER

extended and refin	nanced after Jan. 1, 1989. Members	of your family who are your guarantors a	re not required to be disclosed.)
a)			
	11/1/2	(name)	
b)	(0)	(address)	
		(name)	
		(address)	

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or

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.)



SECTION 10-AWARDS

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

a)()	
	(description of award)
(date)	(fair market value)
	(source of award)
b)	
	(description of award)
(date)	(fair market value)
	(source of award)
c)	
Y \ /A	(description of award)
(date)	(fair market value)
1	(source of award)
d)	
	(description of award)
(date)	(fair market value)
	(source of award)
SECTION 11- NONGOVERNMENTAL SOURCES OF	FPAYMENT
	enses for food lodging or travel which bears a relationable to
)	
(name of persor	n or organization paying expense)
(0)	(business address)
(date of expense)	\$ (amount of expense)
(na	ature of expenditure)
	n or organization paying expense)
10/15	(business address)
(date of expense)	(amount of expense)
1	thre of expenditure)

a)	
***	(name of business)
	(governmental body which regulates or controls)
b)	$\Lambda + \Lambda$
	(name of business)
	(governmental body which regulates or controls)
c)	
	(name of business)
	(governmental body which regulates or controls)
d)	
	(name of business)
	(governmental body which regulates or controls)

SECTION 13- SALES TO GOVERNMENTAL BODY

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

a)		
	(goods or services)	
	(governmental body to whom sold)	
b)	(compensation paid)	
	(goods or services)	
	(governmental body to whom sold)	-
c)_	(compensation paid)	
	(goods or services)	
	(governmental body to whom sold)	
d)	(compensation paid)	
	(goods or services)	
	(governmental body to whom sold)	
	(compensation paid)	

SECTION 14- SIGNATURE

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:

My commission expires:

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 elerk.

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

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

District judges file with the Secretary of State.

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

General Information:

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

STATEMENT OF FINANCIAL INTEREST

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

Fax (501) 682-3548

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

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

Is this an amendment? ☐ Yes ☐ No

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

SECTION 1- NAME AND ADDRESS	
Name Hector Acticic Lui	nn
Address 5 Faisan Pl Hot Springs Vlg AR 71	9 (Middle)
(Street or P.O. Box Number) (City) (State) Phone 707-218-2498	(Zip Code)
Spouse's name	
(Last) (First) All names under which you and/or your spouse do business:	(Middle)
The state of the s	13921
SECTION 2- REASON FOR FILING	
Public Official	
Candidate Justice of the Peace District B Soline (office sought)	County
District Judge	
(name of district)	
(name of city) State Government: Agency Head/Department Director/Division Director	PR 28
Chief of Staff or Chief Deputy	C AS
(name of Constitutional Officer, Senate, or House of Representative Public appointee to State Board or Commission	es) Z RET
School Board member (name of board/commission)	S = SS
(name of school district) Candidate for school board	II: 5
Public or Charter School Superintendent	1
(name of school district/school) Executive Director of Education Service Cooperative	and 4
(name of cooperative) Advertising and Promotion Commission member	and the state of t
(name of advertising and promotion commission Research Park Authority Board member under A.C.A. § 14-144-201 et seq	authority board)

SECTION 2- REASON FOR FILING (continued) Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission): ☐ Planning board or commission ___ ☐ Airport board or commission ___ ☐ Water or Sewer board or commission ☐ Utility board or commission _ ☐ Civil Service commission

SECTION 3- SOURCE OF INCOME

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

a) Check appropriate box: D More than \$1,000 Retirement More than \$12,500
4000 St. Sceramento CA 9581
Patricia Hector (address)
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received retired in Jan 20
b) Check appropriate box: More than \$1,000 Veterans f-dmin stration - VA More than \$12,500
810 Vetpront Ave (name of employer or source of income) Patricia Hector (address)
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received has loan a way
c) Check appropriate box: More than \$1,000 More than \$12,500
1800 Smithers Benton AR 72015
Patricia Hector (address)
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received exployee
d) I morethan \$1,000
Hot Springs Vig Property Owners Assoc.
d) I morethan \$1,000 Hot Springs Vlg Property Owners Assoc. 895 Desoto Blvd, Flot Springs Vlg, AR 71909

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

Revised 12/2017

SECTION 4- BUSINESS OR HOLDINGS

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

a) Check appropriate box: More than \$1	,000	More than \$12,500
196 Desoto Blud Hotel	me of corporation, firm or enterprise (address) name under which investment held)	271909
b) Check appropriate box: More than \$1 Alcoa Federal Credi	it Union	More than \$12,500
Patricia Hector	ne of corporation, firm or enterprise) (address)	
(1	name under which investment held)	
c) Check appropriate box: More than \$1	90	More than \$12,500
2460 Mendocimo a Patricia Hector	me of comporation, firm or enterprise) (address)	CA 95403
(1	name under which investment held)	- 41
122 West Carpenter 1	1,000 At Mark) The of corporation, firm or enterprise; Thus State 100, (address)	More than \$12,500 Trving TX 75035
Mutual of Ornaha CASSE 122 Wast Carpenter P Patricia Heaver	track) me of corporation, firm or enterprise; rusy Swite 100.	
Mutual of Omaha CASSE 122 West Carpenter P Patricia Heaver e) Check appropriate box: More than \$1 Security Benefit (Horo P.O. Box 219141, Ka Patricia Heator	me of corporation, firm or enterprise) Yusy State 100, (address) name under which investment held)	Irving [K 75035] More than \$12,500 Ty 4576
e) Check appropriate box: Dector Cotricia Hector Cotricia Hector Cotricia Hector	name under which investment held) (address) (address) (address) (address) (address) (address) (address)	Triving [X, 75035] More than \$12,500 Ly 4576 More than \$12,500
e) Check appropriate box: Dector Cotricia Hector Cotricia Hector Cotricia Hector	name under which investment held) (address) (address) (address) (address) (address) (address) (address) (address) (address) (address)	Triving [X, 75035] More than \$12,500 Ly 4576 More than \$12,500
Mutual of Omaha CASSE 122 West Carpenter Patricia Hector e) Check appropriate box: More than \$1 Security Benefit (through P.O. Box 219141, Kan P.O. Box 219141, Kan Tatricia Hector 1) Check appropriate box: More than \$1 VOYA (Cat PERS' 4) 400 Q St. Sacrame Patricia Hector	name under which investment held) (address) (address) (address) (address) (address) (address) (address) (address)	Triving [X, 75035] More than \$12,500 Ly 4576 More than \$12,500

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.

	ne of business, corporation, firm, or enterprise)

	(address)
	(office or directorship held)
	(name of office holder)
*	
	ne of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
ECTION 6- CREDITORS	
)_NA	(name of creditor)
	(address of creditor)
)	21. 102 14. A.T. 3. 1- 22.44
	(name of creditor)
	21. OR 14. A.T. 3. 1- 2000
)	(name of creditor)
(c)()()	(name of creditor) (address of creditor)
) <u> </u>	(name of creditor) (address of creditor) (name of creditor) (address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED	(name of creditor) (address of creditor) (name of creditor) (address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED List the name and address of each governmental by	(name of creditor) (address of creditor) (name of creditor) (address of creditor) TO GOVERNMENT
SECTION 7- PAST-DUE AMOUNTS OWED List the name and address of each governmental by	(name of creditor) (address of creditor) (name of creditor) (address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED List the name and address of each governmental the nature of the amount of the obligation.	(name of creditor) (address of creditor) (name of creditor) (address of creditor) TO GOVERNMENT body to which you are legally obligated to pay a past-due amount and a descript
SECTION 7- PAST-DUE AMOUNTS OWED	(name of creditor) (address of creditor) (name of creditor) (address of creditor) TO GOVERNMENT
SECTION 7- PAST-DUE AMOUNTS OWED List the name and address of each governmental the nature of the amount of the obligation. (name of governmental body) (amount owed)	(name of creditor) (address of creditor) (name of creditor) (address of creditor) TO GOVERNMENT body to which you are legally obligated to pay a past-due amount and a descript
ESECTION 7- PAST-DUE AMOUNTS OWED List the name and address of each governmental the nature of the amount of the obligation. (name of governmental body)	(name of creditor) (address of creditor) (address of creditor) TO GOVERNMENT body to which you are legally obligated to pay a past-due amount and a descript (address of governmental body)

a

SECTION 8- GUARANTOR OR CO-MAKER

a) NA	(name)	
0)	(address)	11.
	(name)	
	(address)	
SECTION 9- GIFTS		
entertainment, advance, services, or anything are a number of exceptions to the definition of interest prepared for use with this form. (Note eimburses the person from whom the item was room the date the item was received.)	able estimate of the fair market value of each gift of more than \$100 received by your dependent children. The term "gift" is defined as "any of value unless consideration of equal or greater value has been given ther "gift." Those exceptions are set forth in the Instructions for Statement of the value of an item shall be considered to be less than \$100 if the pub is received any amount over \$100 and the reimbursement occurs within terms.	payment, refor." Ther f Financial
NA	(description of gift)	
(date)		
(uaic)	(fair market value)	
	(source of gift)	
)	(description of gift)	
(date)	(fair market value)	
	(source of gift)	
	(source of girt)	
	(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) \ 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- NONGOVERNME List each nongovernmental source of when you appear in your official cap a) NA	yment of your expenses for food, lodging, or travel which bears a relationship to you y when the expenses incurred exceed \$150.
	(name of person or organization paying expense)
	(business address)
(date of expense)	(amount of expens
	(nature of expenditure)
b)	(name of person or organization paying expense)
A STATE OF THE STA	(business address)
(date of expense)	(amount of expens
	(nature of expenditure)

List any business which employs y	
0 , 0	ou and is under direct regulation or subject to direct control by the governmental body which you serve.
a) Scaling (Music	+ 1'hr-
C C	(name of business)
Daline Con	unty
	(governmental body which regulates or controls)
b)	
	(name of business)
2	(governmental body which regulates or controls)
c)	And the state of t
	(name of business)
	(governmental body which regulates or controls)
	(governmental body which regulates of controls)
d)	((51)
	(name of business)
	(governmental body which regulates or controls)
SECTION 13- SALES TO GO	VERNMENTAL BODY
I ist the goods or services sold to the	a governmental hads for which
compensation paid for each categor	e governmental body for which you serve which have a total annual value in excess of \$1,000. List the y of goods or services sold by you or any business in which you or your spouse is an officer director or
List the goods or services sold to the compensation paid for each category stockholder owning more than 10%	V of goods or services sold by you or any business in which you or your groups is an officer director or
compensation paid for each categor	V of goods or services sold by you or any business in which you or your groups is an officer director or
compensation paid for each categor	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company.
compensation paid for each categor	V of goods or services sold by you or any business in which you or your groups is an officer director or
compensation paid for each categor	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company.
a) NA	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services)
compensation paid for each categor	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold) (compensation paid)
a) NA	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold)
a) NA	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold) (compensation paid)
a)	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold) (compensation paid) (goods or services)
a)	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold) (goods or services) (goods or services) (governmental body to whom sold) (compensation paid)
a)	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold) (goods or services) (governmental body to whom sold) (governmental body to whom sold) (compensation paid) (goods or services)
a)	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold) (goods or services) (goods or services) (governmental body to whom sold) (compensation paid)
a) NA	y of goods or services sold by you or any business in which you or your spouse is an officer, director, or of the stock of the company. (goods or services) (governmental body to whom sold) (goods or services) (governmental body to whom sold) (governmental body to whom sold) (compensation paid) (goods or services)

(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.

} SS

Signature

STATE OF ARKANSAS

COUNTY OF Saline

Subscribed and sworn before me this 30

JENNIFER C. DORSEY
OFFICIAL SEAL - NOTARY PUBLIC
GARLAND COUNTY ARKANSAS
COMMISSION #12716295
Y (BRAINS NAWY) SAMS 9-22-2031

__ day of _

fanuary:

Notary Public

My commission expires:

pires: 9/22/31

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

IMPORTANT

Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

General Information:

- * The Statement of Financial Interest should be filed by January 31 of each year.
- * The filing covers the previous calendar year.
- * Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31. In addition, if the party filing period ends before January 1 of the year of the general election, candidates for elective office shall file a Statement of Financial Interest for the previous calendar year by no later than January 31 of the year of the general election.
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