

# 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 Whitney Jim W.  
(Last) (First) (Middle)  
Address 3020 Whitetail Benton AR 72019  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501-317-0654  
Spouse's name Whitney Tammy L.  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: \_\_\_\_\_

## SECTION 2- REASON FOR FILING

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

FILED  
SALINE COUNTY  
PROBATE & COUNTY CLERK  
2023 JAN 31 PM 11:17  
BY JB

**SECTION 2- REASON FOR FILING (continued)**

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

**SECTION 3- SOURCE OF INCOME**

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

a) Check appropriate box:  More than \$1,000  More than \$12,500  
New Beginnings Apostolic Church (name of employer or source of income)  
407 Prickett Rd, Bryant, AR 72022 (address)  
Jim Whitley (name under which income received)

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

b) Check appropriate box:  More than \$1,000  More than \$12,500  
County of Saline (name of employer or source of income)  
200 N. Main St, Benton AR 72015 (address)  
Jim Whitley (name under which income received)

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

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Community Mortgage (name of employer or source of income)  
4909 Hwy 5 N, Bryant, AR 72022 (address)  
Tammy Whitley (name under which income received)

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



**SECTION 5- OFFICE OR DIRECTORSHIP**

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

a) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) Rockwell Mortgage \_\_\_\_\_  
1617 Park Pl Ave \_\_\_\_\_ (name of creditor)  
Fort Worth TX 76110 \_\_\_\_\_ (address of creditor)

b) Mahindra Finance \_\_\_\_\_  
P O Box 77114, Minneapolis, MN 55480-7702 \_\_\_\_\_ (name of creditor)  
\_\_\_\_\_ (address of creditor)

c) Home Depot \_\_\_\_\_  
P O Box 6405, Dallas TX 75265 \_\_\_\_\_ (name of creditor)  
\_\_\_\_\_ (address of creditor)

**SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT**

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) \_\_\_\_\_  
(name of governmental body) \_\_\_\_\_ (address of governmental body)  
\_\_\_\_\_  
(amount owed) \_\_\_\_\_ (nature of the obligation)

b) \_\_\_\_\_  
(name of governmental body) \_\_\_\_\_ (address of governmental body)  
\_\_\_\_\_  
(amount owed) \_\_\_\_\_ (nature of the obligation)





**SECTION 12- DIRECT REGULATION OF BUSINESS**

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

a) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

b) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

c) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

d) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

**SECTION 13- SALES TO GOVERNMENTAL BODY**

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

a) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

b) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

c) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

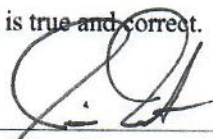
d) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

**SECTION 14- SIGNATURE**

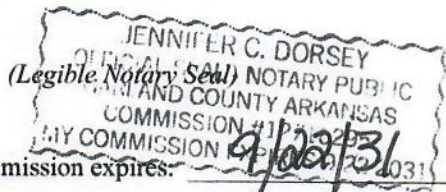
I certify under penalty of false swearing that the above information is true and correct.

  
\_\_\_\_\_  
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

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



Jennifer C. Dorsey  
\_\_\_\_\_  
Notary Public

My commission expires: 9/02/31

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

**IMPORTANT**

**Where to file:**

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

**General Information:**

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



# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
John Thurston, Secretary of State  
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Little Rock, AR 72201  
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Calendar year covered \_\_\_\_\_  
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For assistance in completing  
this form contact \_\_\_\_\_  
Arkansas Ethics Commission  
Phone (501) 324-9600  
Toll-Free (800) 422-7773  
JAN 28 PM 1:38

Is this an amendment?  Yes  No

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## SECTION 1- NAME AND ADDRESS

Name DHISIN CLINT RADON  
(Last) (First) (Middle)  
Address 990 BUCKWOOD Rd. BAWITE ARKANSAS 72011  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501-920-9227  
Spouse's name DHISIN DENISE N  
(Last) (First) (Middle)

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

Rooster

## SECTION 2- REASON FOR FILING

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

**SECTION 2- REASON FOR FILING (continued)**

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

**SECTION 3- SOURCE OF INCOME**

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

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

\_\_\_\_\_ (name of employer or source of income)  
Self employed  
\_\_\_\_\_ (address)  
WESIER SECURITY  
\_\_\_\_\_ (name under which income received)

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

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

\_\_\_\_\_ (name of employer or source of income)  
WESIER SECURITY  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (name under which income received)

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

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

\_\_\_\_\_ (name of employer or source of income)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (name under which income received)

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

**SECTION 4- BUSINESS OR HOLDINGS**

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

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

\_\_\_\_\_ (name of corporation, firm or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (name under which investment held)

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

\_\_\_\_\_ (name of corporation, firm or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (name under which investment held)

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

\_\_\_\_\_ (name of corporation, firm or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (name under which investment held)

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

\_\_\_\_\_ (name of corporation, firm or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (name under which investment held)

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

\_\_\_\_\_ (name of corporation, firm or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (name under which investment held)

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

\_\_\_\_\_ (name of corporation, firm or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (name under which investment held)

**SECTION 5- OFFICE OR DIRECTORSHIP**

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

a) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder) *N/A*

b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

b) *N/A* \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

c) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

**SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT**

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) \_\_\_\_\_  
(name of governmental body) *N/A* \_\_\_\_\_  
(address of governmental body)  
\_\_\_\_\_  
(amount owed) \_\_\_\_\_  
(nature of the obligation)

b) \_\_\_\_\_  
(name of governmental body) \_\_\_\_\_  
(address of governmental body)  
\_\_\_\_\_  
(amount owed) \_\_\_\_\_  
(nature of the obligation)

**SECTION 8- GUARANTOR OR CO-MAKER**

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

a) \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

b) \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

**SECTION 9- GIFTS**

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

a) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

b) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

c) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

d) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

e) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

**SECTION 10- AWARDS**

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

a) \_\_\_\_\_  
(description of award)

\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)

\_\_\_\_\_ (source of award)

b) \_\_\_\_\_  
(description of award)

\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)

\_\_\_\_\_ (source of award)

c) \_\_\_\_\_  
(description of award)

\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)

\_\_\_\_\_ (source of award)

d) \_\_\_\_\_  
(description of award)

\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)

\_\_\_\_\_ (source of award)

**SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT**

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) \_\_\_\_\_  
(name of person or organization paying expense)

\_\_\_\_\_ (business address)

\_\_\_\_\_ \$ \_\_\_\_\_  
(date of expense) (amount of expense)

\_\_\_\_\_ (nature of expenditure)

b) \_\_\_\_\_  
(name of person or organization paying expense)

\_\_\_\_\_ (business address)

\_\_\_\_\_ \$ \_\_\_\_\_  
(date of expense) (amount of expense)

\_\_\_\_\_ (nature of expenditure)

**SECTION 12- DIRECT REGULATION OF BUSINESS**

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

a) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

b) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

c) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

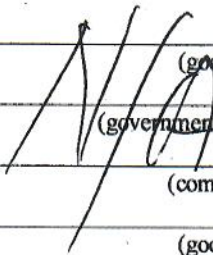
d) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

**SECTION 13- SALES TO GOVERNMENTAL BODY**

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

a) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_   
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

b) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

c) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

d) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

**SECTION 14- SIGNATURE**

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

X   
Signature

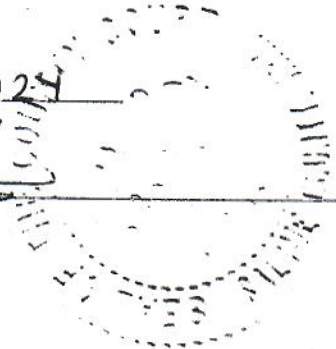
STATE OF ARKANSAS

COUNTY OF SALINE } ss

Subscribed and sworn before me this 20th day of Jan, 2024

(Legible Notary Seal)

  
Notary Public



My commission expires: 12-31-2025

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

**IMPORTANT**

**Where to file:**

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

**General Information:**

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# 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  
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Toll Free (800) 422-7773

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## SECTION 1- NAME AND ADDRESS

Name Johnson, Stephanie K.  
(Last) (First) (Middle)  
Address P.O. Box 1043 Alexander, AR 72002  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501-858-2745  
Spouse's name \_\_\_\_\_  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: \_\_\_\_\_

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_  
(office held)
- Candidate Justice of the Peace District 12  
(office sought)
- District Judge \_\_\_\_\_  
(name of district)
- City Attorney \_\_\_\_\_  
(name of city)
- State Government: Agency Head/Department Director/Division Director \_\_\_\_\_  
(name of agency/department/division)
- Chief of Staff or Chief Deputy \_\_\_\_\_  
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission \_\_\_\_\_  
(name of board/commission)
- School Board member \_\_\_\_\_  
(name of school district)
- Candidate for school board \_\_\_\_\_  
(name of school district)
- Public or Charter School Superintendent \_\_\_\_\_  
(name of school district/school)
- Executive Director of Education Service Cooperative \_\_\_\_\_  
(name of cooperative)
- Advertising and Promotion Commission member \_\_\_\_\_  
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. \_\_\_\_\_  
(name of research park authority board)

FILED  
SALINE COUNTY  
PROBATE & COUNTY CLERK  
2024 JAN 12 PM 2:39

**SECTION 2- REASON FOR FILING (continued)**

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

**SECTION 3- SOURCE OF INCOME**

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

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

\_\_\_\_\_ Protech Solutions, Inc. \_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_ 303 W. Capitol Ave., Ste. 330, LR, AR 72201 \_\_\_\_\_  
(address)  
\_\_\_\_\_ Stephanie Johnson \_\_\_\_\_  
(name under which income received)

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

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

\_\_\_\_\_ \_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_ \_\_\_\_\_  
(address)  
\_\_\_\_\_ \_\_\_\_\_  
(name under which income received)

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

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

\_\_\_\_\_ \_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_ \_\_\_\_\_  
(address)  
\_\_\_\_\_ \_\_\_\_\_  
(name under which income received)

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

**SECTION 4- BUSINESS OR HOLDINGS**

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

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

Fidelity Investments  
(name of corporation, firm or enterprise)  
1746 Chenel Pkwy., Ste. 130, Uk, AR 72223  
(address)  
Stephanie Johnson  
(name under which investment held)

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

(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

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

(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

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

(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

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

(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

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

(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

\_\_\_\_\_

**SECTION 5- OFFICE OR DIRECTORSHIP**

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

a) \_\_\_\_\_  
 (name of business, corporation, firm, or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (office or directorship held)

\_\_\_\_\_ (name of office holder)

b) \_\_\_\_\_  
 (name of business, corporation, firm, or enterprise)

\_\_\_\_\_ (address)

\_\_\_\_\_ (office or directorship held)

\_\_\_\_\_ (name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) \_\_\_\_\_  
 PennyMac Mortgage  
 (name of creditor)  
 P.O. Box 4095, Carol Stream, IL 60197-4095  
 (address of creditor)

b) \_\_\_\_\_  
 mosaic  
 (name of creditor)  
 P.O. Box 73080, Phoenix, AZ 85062-8080  
 (address of creditor)

c) \_\_\_\_\_  
 @ Chase: Synchrony Bank  
 (name of creditor)  
 P.O. Box 71715, Philadelphia, PA 19176-1715  
 (address of creditor) →

**SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT**

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) \_\_\_\_\_ (name of governmental body) \_\_\_\_\_ (address of governmental body)

\_\_\_\_\_ (amount owed) \_\_\_\_\_ (nature of the obligation)

b) \_\_\_\_\_ (name of governmental body) \_\_\_\_\_ (address of governmental body)

\_\_\_\_\_ (amount owed) \_\_\_\_\_ (nature of the obligation)

## Section 6- Creditors

(d) Arvest Bank  
5000 Rogers Ave.  
Fort Smith, AR 72903

(e) Nelnet  
P.O. Box 82561  
Lincoln, NE 68501-2561

(f) College Ave Student Loans  
c/o University Accounting  
P.O. Box 918  
Brookfield, WI 53008 - 0918

Sevile, LLC

**SECTION 8- GUARANTOR OR CO-MAKER**

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

a) \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

b) \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

**SECTION 9- GIFTS**

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

a) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

b) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

c) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

d) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

e) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

\_\_\_\_\_

**SECTION 10- AWARDS**

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

a) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

b) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

c) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

d) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

**SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT**

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) \_\_\_\_\_  
(name of person or organization paying expense)  
\_\_\_\_\_ (business address) \_\_\_\_\_ \$ \_\_\_\_\_  
(date of expense) (amount of expense)  
\_\_\_\_\_ (nature of expenditure)

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

**SECTION 12- DIRECT REGULATION OF BUSINESS**

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

a) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

b) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

c) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

d) \_\_\_\_\_  
(name of business)

\_\_\_\_\_  
(governmental body which regulates or controls)

**SECTION 13- SALES TO GOVERNMENTAL BODY**

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

a) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

b) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

c) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

d) \_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(governmental body to whom sold)

\_\_\_\_\_  
(compensation paid)

\_\_\_\_\_



**SECTION 14- SIGNATURE**

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

Stephanie Johnson  
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 12<sup>th</sup> day of January, 20 24.



Carrie L Bridges  
Notary Public

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

# CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

Check if this report is an amendment

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

1. Name of Candidate: Stephanie Johnson  
 Address: P.O. Box 1043  
 City, State and Zip: Alexander, AR 72002 Phone Number: 501-858-2745  
 Office Sought: Justice of the Peace District Number: 13  
 Does the candidate have a campaign committee? ( ) Yes (  ) No  
 If yes, complete the following:  
 Name of Chairperson/Treasurer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

3. Type of Report: (check one) This report covers what period? ( 0 ) / 01 / 23 through ( 12 ) / 31 / 24

Annual report  
 Preelection report  
 Final report (check method by which remaining campaign funds were disposed)\*  
 Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)  
 A political party as defined in Ark. Code Ann. § 7-1-101 or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives  
 Contributors to the candidate's campaign  
 A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code  
 Cities of the first class, cities of the second class, or incorporated towns  
 Supplemental Report

FILED  
 SALINE COUNTY  
 PROBATE & COUNTY CLERK  
 2024 JAN 12 PM 2:55  
 BY \_\_\_\_\_

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

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at beginning of reporting period	0	
5. Interest (if any) earned on campaign account	0	
6. Total Loans (enter total from line 13)	0	
7. Total Monetary Contributions (enter total from line 19)	21.00	
8. Total Expenditures (enter total from line 28)	21.00	
9. Balance of campaign funds at close of reporting period	0	
10. If this is candidate's final report for an election, amount of remaining campaign funds or outstanding indebtedness (use brackets to indicate debt)		

11. ( ) NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)

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

Stephanie Johnson  
 Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for Saline County, Arkansas, on this 12<sup>th</sup> day of January, 2024.

CARRIE L BRIDGES  
 (Legible Notary Seal)  
 Saline County  
 Commission # 12708257  
 My Commission Expires Aug 9, 2029

Notary Signature: Carrie L Bridges  
 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.**

## 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
<b>13. TOTAL LOANS DURING REPORTING PERIOD</b>			<b>\$ 0</b>

### 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
<b>15. TOTAL NONMONEY CONTRIBUTIONS</b>			0	

### IMPORTANT

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

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

## 16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

(Use copies of this page as needed)

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
11/8/23	Scott Gray 1031 Hickory Creek Dr. Alexandria, AR 72002	Investor/ N/A	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt  1,000	1,000
11/14/23	Mary Lewis P.O. Box 17307 Little Rock, AR 72222	Phillip Lewis Engineering/ Self-employed	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt  250	250
11/16/23	Stephanie Duke 603 N. Market St. Benton, AR 72015	Duke Family Lmtd. Part/ Real estate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt  250	250
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
<b>Subtotal of Contributions This Page</b>			1500	

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

# ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
<b>17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200</b>			1500	
<b>18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS</b>			600	
<b>19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 17 and 18)</b>			2100	

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

## 20. CAMPAIGN EXPENDITURES BY CATEGORY

*Please Type or Print*

CATEGORY	TOTAL AMOUNT
Filing Fee	300
Television Advertising	
Radio Advertising	
Newspaper Advertising	
Other Advertising	50.40
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) <i>Bank fee</i>	3.00
<i>Signs</i>	1697.77
<b>21. TOTAL CAMPAIGN EXPENDITURES</b>	<b>2100</b>

## 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
<b>23. TOTAL PAID CAMPAIGN WORKERS</b>			<b>0</b>

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

**24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100**

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

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Saline County Republican Cmte. 125 W. Market St. Benton, AR 72015	Filing Fee	11/6/23	300
Gray media corp. 1031 History Creek Dr. Alexander, AR 72002	Signs	12/29/23	1697.77
<b>25. TOTAL ITEMIZED EXPENDITURES THIS REPORT</b>			1997.77
<b>26. TOTAL NONITEMIZED EXPENDITURES THIS REPORT</b>			102.23
<b>27. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter amount from line 23)</b>			0
<b>28. TOTAL EXPENDITURES THIS REPORT (includes lines 25, 26 and 27)</b>			2100.00

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

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





# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
John Thurston, Secretary of State  
500 Woodlane Street  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

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

FILED  
SALINE COUNTY  
PROSTATE & COUNTY CLERK

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

2024 JAN 26 PM 2:08

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 NICHOLS RONALD KEITH  
(Last) (First) (Middle)  
Address 789 JAKE DRIVE BAUKITE AR 72011  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501-840-2349  
Spouse's name OLIVER LINDA MARGARET  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: \_\_\_\_\_  
RON NICHOLS

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_  
(office held)
- Candidate JUSTICE OF THE PEACE DISTRICT 12  
(office sought)
- District Judge \_\_\_\_\_  
(name of district)
- City Attorney \_\_\_\_\_  
(name of city)
- State Government: Agency Head/Department Director/Division Director \_\_\_\_\_  
(name of agency/department/division)
- Chief of Staff or Chief Deputy \_\_\_\_\_  
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission \_\_\_\_\_  
(name of board/commission)
- School Board member \_\_\_\_\_  
(name of school district)
- Candidate for school board \_\_\_\_\_  
(name of school district)
- Public or Charter School Superintendent \_\_\_\_\_  
(name of school district/school)
- Executive Director of Education Service Cooperative \_\_\_\_\_  
(name of cooperative)
- Advertising and Promotion Commission member \_\_\_\_\_  
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. \_\_\_\_\_  
(name of research park authority board)

**SECTION 2- REASON FOR FILING (continued)**

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

**SECTION 3- SOURCE OF INCOME**

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

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

ARDOT  
\_\_\_\_\_  
(name of employer or source of income)  
10324 I-30, LITTLE ROCK, AR 72209  
\_\_\_\_\_  
(address)  
RONALD NICHOLS  
\_\_\_\_\_  
(name under which income received)

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

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

SSI  
\_\_\_\_\_  
(name of employer or source of income)  
P.O. BOX 67620, WILKES-BARRE, PA 18767  
\_\_\_\_\_  
(address)  
LINDA OLIVER  
\_\_\_\_\_  
(name under which income received)

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

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

VA  
\_\_\_\_\_  
(name of employer or source of income)  
PO BOX 4444, JAMESVILLE, WI 53547  
\_\_\_\_\_  
(address)  
RONALD NICHOLS  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation 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)

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

\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which investment held)

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

\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which investment held)

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

\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which investment held)

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

\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which investment held)

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

\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which investment held)

**SECTION 5- OFFICE OR DIRECTORSHIP**

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

a) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) MOHELA  
CHESTERFIELD (name of creditor)  
633 SPIRIT DRIVE, MO 63005  
(address of creditor)

b) CAPITOL ONE AUTO  
(name of creditor)  
PO BOX 259407, PLANO, TX 75025  
(address of creditor)

c) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

**SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT**

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) \_\_\_\_\_ (name of governmental body) \_\_\_\_\_ (address of governmental body)  
\_\_\_\_\_  
(amount owed) \_\_\_\_\_ (nature of the obligation)

b) \_\_\_\_\_ (name of governmental body) \_\_\_\_\_ (address of governmental body)  
\_\_\_\_\_  
(amount owed) \_\_\_\_\_ (nature of the obligation)

**SECTION 8- GUARANTOR OR CO-MAKER**

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

- a) \_\_\_\_\_  
 \_\_\_\_\_ (name)  
 \_\_\_\_\_ (address)
- b) \_\_\_\_\_  
 \_\_\_\_\_ (name)  
 \_\_\_\_\_ (address)

**SECTION 9- GIFTS**

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term “gift” is defined as “any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor.” There are a number of exceptions to the definition of “gift.” Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

- a) \_\_\_\_\_  
 \_\_\_\_\_ (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 14- SIGNATURE**

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

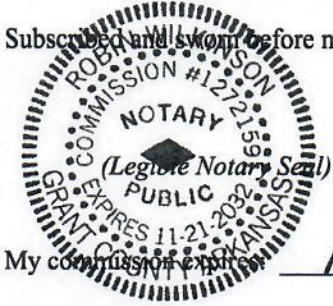
Ronald F. Nichols  
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn to before me this 26<sup>th</sup> day of January, 2024.

Robin Wilkinson  
Notary Public



My commission expires on 11-21-32

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

**IMPORTANT**

**Where to file:**

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

**General Information:**

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

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
 John Thurston, Secretary of State  
 500 Woodlane Street  
 Little Rock, AR 72201  
 Phone (501) 682-5070  
 Fax (501) 682-3548

Calendar year covered \_\_\_\_\_  
 (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 Waite Devon Elliott  
(Last) (First) (Middle)  
 Address 19117 Tadlock Cir. Alexander AR 72002  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
 Phone 501-326-8446  
 Spouse's name Waite Lincey Marie  
(Last) (First) (Middle)  
 All names under which you and/or your spouse do business: N/A

**SECTION 2- REASON FOR FILING**

<input type="checkbox"/>	Public Official _____ <small>(office held)</small>	
<input checked="" type="checkbox"/>	Candidate <u>Justice of the Peace</u> <u>District 12</u> <small>(office sought)</small>	FILED SALINE COUNTY PROBATE & COUNTY CLERK 2021 JAN 29 PM 3:06
<input type="checkbox"/>	District Judge _____ <small>(name of district)</small>	
<input type="checkbox"/>	City Attorney _____ <small>(name of city)</small>	
<input type="checkbox"/>	State Government: Agency Head/Department Director/Division Director _____ <small>(name of agency/department/division)</small>	
<input type="checkbox"/>	Chief of Staff or Chief Deputy _____ <small>(name of Constitutional Officer, Senate, or House of Representatives)</small>	
<input type="checkbox"/>	Public appointee to State Board or Commission _____ <small>(name of board/commission)</small>	
<input type="checkbox"/>	School Board member _____ <small>(name of school district)</small>	
<input type="checkbox"/>	Candidate for school board _____ <small>(name of school district)</small>	
<input type="checkbox"/>	Public or Charter School Superintendent _____ <small>(name of school district/school)</small>	
<input type="checkbox"/>	Executive Director of Education Service Cooperative _____ <small>(name of cooperative)</small>	
<input type="checkbox"/>	Advertising and Promotion Commission member _____ <small>(name of advertising and promotion commission)</small>	
<input type="checkbox"/>	Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____ <small>(name of research park authority board)</small>	

**SECTION 2- REASON FOR FILING (continued)**

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

**SECTION 3- SOURCE OF INCOME**

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

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

Service Master  
(name of employer or source of income)  
147 Corner Stone Rd., Alexander, AR 72202  
(address)  
Deven Waite  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received it is My  
Full time Job

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

O'neal Steel  
(name of employer or source of income)  
8100 Frazier Pike, Little Rock, AR 72206  
(address)  
Lincey Waite  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Full time  
Job

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

McClarty Honda  
(name of employer or source of income)  
10 Colonel Glenn Court, Little Rock, AR 72210  
(address)  
Deven Waite  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Full time  
Job previous to Service Master

**SECTION 4- BUSINESS OR HOLDINGS**

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

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

N/A (name of corporation, firm or enterprise)  
N/A (address)  
N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)  
N/A (address)  
N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)  
N/A (address)  
N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)  
N/A (address)  
N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)  
N/A (address)  
N/A (name under which investment held)

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

N/A (name of corporation, firm or enterprise)  
N/A (address)  
N/A (name under which investment held)

**SECTION 5- OFFICE OR DIRECTORSHIP**

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

a) NA (name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

b) NA (name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) Capital one auto Finance (name of creditor)  
P.O. Box 30285, Salt Lake City, Utah, 84130 (address of creditor)

b) Rocket Mortgage (name of creditor)  
1050 Woodward Ave, Detroit, Mi 48226 (address of creditor)

c) \_\_\_\_\_ (name of creditor)  
\_\_\_\_\_ (address of creditor)

**SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT**

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) IRS (name of governmental body) 700 W Capitol ave, Little rock, AR, 72202 (address of governmental body)  
unknown (amount owed) Taxes (nature of the obligation)

b) \_\_\_\_\_ (name of governmental body) \_\_\_\_\_ (address of governmental body)  
\_\_\_\_\_ (amount owed) \_\_\_\_\_ (nature of the obligation)

**SECTION 8- GUARANTOR OR CO-MAKER**

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

a) \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
b) \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)

**SECTION 9- GIFTS**

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

a) \_\_\_\_\_ (description of gift)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of gift)

b) \_\_\_\_\_ (description of gift)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of gift)

c) \_\_\_\_\_ (description of gift)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of gift)

d) \_\_\_\_\_ (description of gift)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of gift)

e) \_\_\_\_\_ (description of gift)  
\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of gift)

**SECTION 10- AWARDS**

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

a) \_\_\_\_\_ (description of award)  
\_\_\_\_\_ (date) NA \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

b) \_\_\_\_\_ (description of award)  
\_\_\_\_\_ (date) NA \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

c) \_\_\_\_\_ (description of award)  
\_\_\_\_\_ (date) NA \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

d) \_\_\_\_\_ (description of award)  
\_\_\_\_\_ (date) NA \_\_\_\_\_ (fair market value)  
\_\_\_\_\_ (source of award)

**SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT**

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) \_\_\_\_\_ (name of person or organization paying expense)  
\_\_\_\_\_ (business address)  
\_\_\_\_\_ (date of expense) \_\_\_\_\_ \$ \_\_\_\_\_ (amount of expense)  
\_\_\_\_\_ (nature of expenditure)

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





**SECTION 14- SIGNATURE**

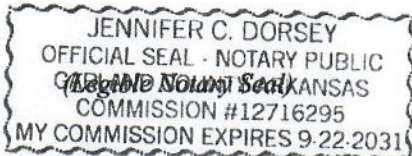
I certify under penalty of false swearing that the above information is true and correct.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 29 day of January, 2024.



*Jennifer C Dorsey*  
\_\_\_\_\_  
Notary Public

My commission expires: 9/22/31

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

**IMPORTANT**

**Where to file:**

- State or district candidates/public servants file with the Secretary of State.
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- 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.
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- District judges file with the Secretary of State.
- Members of regional boards or commissions file with the county clerk of the county in which they reside.

**General Information:**

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- \* The filing covers the previous calendar year.
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- \* 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 Patricia Lynn  
(Last) (First) (Middle)  
Address 5 Faison Pl Hot Springs Vlg AR 71909  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 707-218-8498

Spouse's name \_\_\_\_\_  
(Last) (First) (Middle)

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

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_
- Candidate Justice of the Peace District 13 Saline County  
(office held) (office sought)
- District Judge \_\_\_\_\_  
(name of district)
- City Attorney \_\_\_\_\_  
(name of city)
- State Government: Agency Head/Department Director/Division Director \_\_\_\_\_  
(name of agency/department/division)
- Chief of Staff or Chief Deputy \_\_\_\_\_  
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission \_\_\_\_\_  
(name of board/commission)
- School Board member \_\_\_\_\_  
(name of school district)
- Candidate for school board \_\_\_\_\_  
(name of school district)
- Public or Charter School Superintendent \_\_\_\_\_  
(name of school district/school)
- Executive Director of Education Service Cooperative \_\_\_\_\_  
(name of cooperative)
- Advertising and Promotion Commission member \_\_\_\_\_  
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. \_\_\_\_\_  
(name of research park authority board)

FILED  
SALINE COUNTY  
PROBATE & COUNTY CLERK  
JAN 30 AM 11:54  
2023

**SECTION 2- REASON FOR FILING (continued)**

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

**SECTION 3- SOURCE OF INCOME**

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

a) Check appropriate box:  More than \$1,000 Retirement  More than \$12,500  
California Public Employees System CALPERS  
(name of employer or source of income)  
4000 St., Sacramento, CA 95811  
(address)  
Patricia Hector  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received retired in Jan 2023

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Veterans Administration - VA  
(name of employer or source of income)  
810 Vermont Ave, Washington, D.C. 20420  
(address)  
Patricia Hector  
(name under which income received)

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

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Saline County Library  
(name of employer or source of income)  
1800 Smithers, Benton, AR 72015  
(address)  
Patricia Hector  
(name under which income received)

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

d)  more than \$1,000  
Hot Springs Vlg Property Owners Assoc.  
895 Desoto Blvd, Hot Springs Vlg, AR 71909  
Patricia Hector employee

**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  
Regions Bank (name of corporation, firm or enterprise)  
696 Desoto Blvd Hot Springs Vlg, AR 71909 (address)  
Patricia Hector (name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Alcoa Federal Credit Union (name of corporation, firm or enterprise)  
1125 Military, Benton, AR 72015 (address)  
Patricia Hector (name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Redwood Credit Union (name of corporation, firm or enterprise)  
2460 Mendocino Ave. Santa Rosa, CA 95403 (address)  
Patricia Hector (name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Mutual of Omaha (Asset Mark) (name of corporation, firm or enterprise)  
122 West Carpenter Hwy Suite 100, Irving, TX 75039 (address)  
Patricia Hector (name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Security Benefit (through Saline County 4576) (name of corporation, firm or enterprise)  
P.O. Box 219141, Kansas City, MO 64121 (address)  
Patricia Hector (name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
VOYA (Cal PERs' 4576) (name of corporation, firm or enterprise)  
400 Q St, Sacramento, CA 95811 (address)  
Patricia Hector (name under which investment held)

**SECTION 5- OFFICE OR DIRECTORSHIP**

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

a) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(office or directorship held)

\_\_\_\_\_  
(name of office holder)

b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(office or directorship held)

\_\_\_\_\_  
(name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) NA \_\_\_\_\_  
(name of creditor)

\_\_\_\_\_  
(address of creditor)

b) \_\_\_\_\_  
(name of creditor)

\_\_\_\_\_  
(address of creditor)

c) \_\_\_\_\_  
(name of creditor)

\_\_\_\_\_  
(address of creditor)

**SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT**

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) NA \_\_\_\_\_  
(name of governmental body) (address of governmental body)

\_\_\_\_\_  
(amount owed) (nature of the obligation)

b) \_\_\_\_\_  
(name of governmental body) (address of governmental body)

\_\_\_\_\_  
(amount owed) (nature of the obligation)

**SECTION 8- GUARANTOR OR CO-MAKER**

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

- a) NA  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)  
b) \_\_\_\_\_  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

**SECTION 9- GIFTS**

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

- a) NA  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_  
(fair market value)  
\_\_\_\_\_  
(source of gift)  
b) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_  
(fair market value)  
\_\_\_\_\_  
(source of gift)  
c) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_  
(fair market value)  
\_\_\_\_\_  
(source of gift)  
d) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_  
(fair market value)  
\_\_\_\_\_  
(source of gift)  
e) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_  
(fair market value)  
\_\_\_\_\_  
(source of gift)

**SECTION 10- AWARDS**

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

a) NA  
\_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of award)

b) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of award)

c) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of award)

d) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of award)

**SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT**

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) NA  
\_\_\_\_\_  
(name of person or organization paying expense)  
\_\_\_\_\_  
(business address) \_\_\_\_\_ \$ \_\_\_\_\_  
(date of expense) \_\_\_\_\_ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

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

**SECTION 12- DIRECT REGULATION OF BUSINESS**

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

a) Saline County Library (name of business)  
Saline County (governmental body which regulates or controls)

b) \_\_\_\_\_ (name of business)  
\_\_\_\_\_ (governmental body which regulates or controls)

c) \_\_\_\_\_ (name of business)  
\_\_\_\_\_ (governmental body which regulates or controls)

d) \_\_\_\_\_ (name of business)  
\_\_\_\_\_ (governmental body which regulates or controls)

**SECTION 13- SALES TO GOVERNMENTAL BODY**

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

a) NA (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)

b) \_\_\_\_\_ (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)

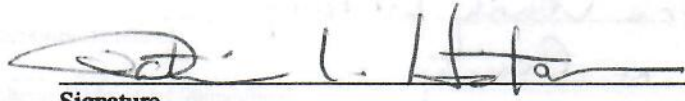
c) \_\_\_\_\_ (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)

d) \_\_\_\_\_ (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)



**SECTION 14- SIGNATURE**

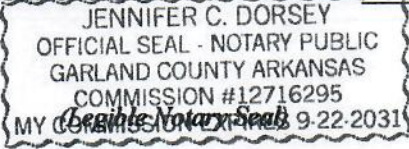
I certify under penalty of false swearing that the above information is true and correct.

  
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

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



Jennifer C Dorsey  
Notary Public

My commission expires: 9/22/31

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

**IMPORTANT**

**Where to file:**

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

**General Information:**

- \* 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.