STATEMENT OF FINANCIAL INTERESTCOUNT ROBATE & COUNTY assistance in completing Calendar year covered 2023 State/District officials file with: (Note: Filing covers the previous calendar year) 2024 JAN 12 this form contact: John Thurston, Secretary of State Arkansas Emics Commission Phone (501) 324-9600 500 Woodlane Street Little Rock, AR 72201 Toll Free (800) 422-7773 Phone (501) 682-5070 Fax (501) 682-3548 Is this an amendment? 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 (Middle) Scalarfield Drive 3073 (Street or P.O. Box Number) (Zip Code) Charlotte Spouse's name (Last) All names under which you and/or your spouse do business: Nisc Coatoms, Donat NV SECTION 2- REASON FOR FILING Public Official Justice of the Peace, District S (office held) (office sought) District Judge (name of district) City Attorney \_\_\_\_ (name of city) П 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)

(name of school district/school)

(name of cooperative)

(name of advertising and promotion commission)

(name of research park authority board)

П

Public or Charter School Superintendent \_

Executive Director of Education Service Cooperative

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

Advertising and Promotion Commission member \_\_\_\_\_

SEC	TION 2- REASON FOR	FILING (continued)			
	Appointee to one of the ☐ Planning board or co	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 cor	nmission			
	☐ Water or Sewer boar	rd or commission			
	☐ Utility board or com	mission			
	☐ Civil Service commi	ssion			
SECT	FION 3- SOURCE OF IN	COME			
or you that co accou	ar spouse receives gross inconstitute a portion of the grantants, attorneys, farmers,	come amounting to more than \$1,000.  coss income of the business or professions.	your spouse, or any other person for the use or benefit of you (You are not required to disclose the individual items of income on from which you or you spouse derives income. For example: r individual clients.) If you receive gross income exceeding		
a)	Check appropriate box:	More than \$1,000 Ruc Holdings	More than \$12,500		
		(name of employer or source of income)			
<del>/</del>		205 Progress Way & Bryand, MR 72022			
		Justin Rue			
Provid	de a brief description of the	(name under which	ompensation was received Resident 6 warr		
b) C	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of employer or source of income)				
		(addr	ess)		
-		(name under which	income received)		
Provid	de a brief description of the	e nature of the services for which the co	ompensation was received		
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of employer o	r source of income)		
		(addr	ess)		
-	10 mm 16 mm 20	(name under which	income received)		
Provid	de a brief description of the	nature of the services for which the co	ompensation was received		

## **SECTION 4- BUSINESS OR HOLDINGS**

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

a)	Check appropriate box:	More than \$1,000	> Scheebs More than \$12,500				
			ntion, firm or enterprise)				
		N	ew forte				
		Justin t	address) Chialite Ri				
		(name under w	hich investment held)				
b)	Check appropriate box:	☐ More than \$1,000 ✓c∽	querel Investments				
		(name of corporal	tion, firm or enterprise)				
		1-	hilectelshin				
		(2	address)				
-		(name under w	hich investment held)				
		(name ander w)	men investment neld)				
c) 	Check appropriate box:		Serial More than \$12,500				
	88	(name of corporat	ion, firm or enterprise)				
			higher Poli				
			ddress) Atia Ree				
(name under which investment held)							
d)	Check appropriate box:						
		(name of corporati	on, firm or enterprise)				
		(address)					
	Justo Ke						
	(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)							
6	Check appropriate box:	☐ More than \$1,000					
	check appropriate box.	□ More than \$1,000	☐ More than \$12,500				
		(name of corporation, firm or enterprise)					
		lad	dress)				
			9-30-80-00 <b>F</b> /F				
		(name under whi	ch 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 jurisdi-	ction of a

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

	NIA
a)(nan	ne of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
(nan	ne of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
	and dollars (\$5,000) or more was personally owed or personally obligated and is still o members of your family or loans made in the ordinary course of business by either a customarily extends credit.)
a)	NA
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
	(address of creditor)
c)	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED	TO GOVERNMENT
List the name and address of each governmental the nature of the amount of the obligation.	pody to which you are legally obligated to pay a past-due amount and a description of
	NIA
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

## SECTION 8- GUARANTOR OR CO-MAKER

a)	NA	
a) NA (name)		
b)	(address)	
-/	(name)	
	(address)	
SECTION 9- GIFTS		
entertainment, advance, services, or a are a number of exceptions to the def Interest prepared for use with this for	If a reasonable estimate of the fair market value of each gift of more than \$100 received by you of than \$250 received by your dependent children. The term "gift" is defined as "any payment, anything of value unless consideration of equal or greater value has been given therefor." There inition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial m. (Note: The value of an item shall be considered to be less than \$100 if the public servant is item was received any amount over \$100 and the reimbursement occurs within ten (10) days	
)	(description of gift)	
	(description of gift)	
(date)	(fair market value)	
	(source of gift)	
)	(description of gift)	
(date)	(fair market value)	
A CONTRACTOR OF THE PROPERTY O	(source of gift)	
)	(description of gift)	
(1)		
(date)	(fair market value)	
	(source of gift)	
)	(description of gift)	
(date)	(fair market value)	
	(source of gift)	
	(description of gift)	
(date)	(fair market value)	
	(source of gift)	

#### **SECTION 10- AWARDS**

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

a)		NIM
		(description of award)
The Control of the Co	(date)	(fair market value)
MATERIAL SECTION AND SECTION A		(source of award)
b)	ANTERIOR CHINA CONTRACTOR CONTRAC	
		(description of award)
	(date)	(fair market value)
***************************************		(source of award)
c)		
-		(description of award)
	(date)	(fair market value)
		(source of award)
d)		ZI
Marie and the second second		(description of award)
	(date)	(fair market value)
1.17		(source of award)
SECTION 11	- NONGOVERNMENTAL SOURCES O	F PAVMENT
List each nong		enses for food, lodging, or travel which hears a relationship to your offi
a)	(name of same	NA
	(name of perso	on or organization paying expense)
*****	(1)	(business address) \$
	(date of expense)	(amount of expense)
	(r	nature of expenditure)
b)	(name of perso	on or organization paying expense)
***************************************		(business address)
	(date of expense)	(amount of expense)
	(n	nature of expenditure)

# SECTION 12- DIRECT REGULATION OF BUSINESS

List any business which employs	s you and is under direct regulation or subject to direct control by the governmental body w	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)	The state of the s
	(governmental body which regulates or controls)	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1
d)		
	(name of business)	
	(governmental body which regulates or controls)	
tockholder owning more than 10	NIA	
	(governmental body to whom sold)	
)	(compensation paid)	
	(goods or services)	
	(governmental body to whom sold)	
)	(compensation paid)	
)	(goods or services)	
	(governmental body to whom sold)	
`	(compensation paid)	
)	(goods or services)	
	(governmental body to whom sold)	
	(compensation paid)	

#### **SECTION 14- SIGNATURE**

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

Signature

STATE OF ARKANSAS

COUNTY OF (Soling) SS

Subscribed Minds Norn before this 12

OFFICIAL SEAL - NOTARY PUBLIC

GARLAND COUNTY ARKANSAS COMMISSION #12716295 MY COMMISSION EXPIRES 9 #2:203:

My commission expires:

ay of January

Notary Public

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

### **IMPORTANT**

#### Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

#### General Information:

- \* 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

1 Name of Candidate	the County Clerk of the county in which the	election is held	***
Justin	Kue		
Address 711 Sedge Freld			
City, State and Zip		Phone Number:	49-62#3
Office Sought	District Number		's File Stamp)
Justice of The Peace	5,		1 00B
Does the candidate have a campaig If yes, complete the following:	gn committee? ( )Yes ( )No		TARE AND
Name of Chairperson/Treasurer:			- CHI
Mailing Address	Phone Number:		COUNTY CLESS
2. Type of Election: (check only one)	Year of Election	-	6 5
☐ Primary ☐ Primary Runoff ☐ Ge			55 🗒
☐ Special ☐ Annual School ☐			01 =
<ul> <li>☐ A political party as defined in Ark. Cod</li> <li>Assembly, the Senate, or the House</li> <li>☐ Contributors to the candidate's campa</li> </ul>	ign t from taxation under Section 501(c)(3) of the Ir	the Arkansas General	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.
SUM	MARY	FOR REPORTING PERIO	D CUMULATIVE TOTAL
4. Balance of campaign funds at b		353.33	
5. Interest (if any) earned on camp			
6. Total Loans (enter total from lin			
<ol> <li>Total Monetary Contributions (e</li> <li>Total Expenditures (enter total f</li> </ol>		300.00	
Balance of campaign funds at compared to the state of the state o	- Control of the Cont	53,33	
10. If this is candidate's final report		33,33	
remaining campaign funds or or (use brackets to indicate debt)			
	not received contributions, loans, or made expenditu	res during this reporting per	riod)
I certify to the best of my knowledge and	d belief that the information disclosed in the state of t	is report is a complete,	true, and accurate
Sworn to and subscribed before me. a Notary Put JENNIFER C. DORSEY OFFICIAL STIME NOTATIONS APPUBLIC GARLAND COUNTY ARKANSAS COMMISSION #12716295 NOTEY TO THE WEST OF SPITES ATTAINS		nsas, on this 10 day of 5 nrife C I	January 2024 Jorsey

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

## 12. LOAN INFORMATION

Please Type or Print Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
	1/4		
	2/51		
	13. TOTAL LO	ANS DURING REPORTING PERIOD	S

#### IMPORTANT

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

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

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

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

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

#### 14. NONMONEY CONTRIBUTIONS

Does not include volunteer services by individuals

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
	NA			
		+		<u> </u>
	15. TOTAL NONMONE	Y CONTRIBUTIONS		

#### **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 ti	his page as needed)		
Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
	NA		□Primary □ Run-Off □General □ Debt	- John Butter
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Co	ontributions This Page		

# **ITEMIZED MONETARY CONTRIBUTIONS OVER \$200**

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

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

# 20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Filing Fee	300_00
Television Advertising	
Radio Advertising	
Newspaper Advertising	
Other Advertising	
Office Supplies	
Rent	
Utilities	
Telephone	
Postage	
Direct Mail	
Travel Expenses	
Entertainment	
Fundraising	
Repayment of Loans	
Returned Contributions	
Consultant Fees	
Polls	
Paid Campaign Workers	
Other (list)	
21. TOTA	L CAMPAIGN EXPENDITURES 300,

## 22. PAID CAMPAIGN WORKERS

NAME OF WORKER	AMOUNT PAID	gn, does not have to be full-time worker) NAME OF WORKER	AMOUNT
	TAID		PAID
The state of the s			
	-	23. TOTAL PAID CAMPAIGN WORK	FDS

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 nee

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Saline County Republicus		11/1/12	1300 ==
			1
25. TOTAL ITEMIZED EXPENDITURES	THIS REPORT		
26. TOTAL NONITEMIZED EXPENDITE 27. TOTAL PAID CAMPAIGN WORKE	JKES THIS REPORT	from line 22)	
28. TOTAL EXPENDITURES THIS REP	ORT (includes lines 25, 26 and 2	27)	300,4

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

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

Please Type or Print
Use additional pages if necessary

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF DEBT	CURRENT BALANCE
~/5		
	-	
	30. TOTAL DEBT	

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 Alison Grav Address P.O. Box 1043 City, State and Zip Phone Number: 501-409-4993 Alexander, AR 72002 Office Sought District Number (Clerk's File Stamp) 5 Justice of the Peace Does the candidate have a campaign committee? ( )Yes ( x)No If yes, complete the following: Name of Chairperson/Treasurer: Mailing Address Phone Number: 2. Type of Election: (check only one) Year of Election 2024 ☐ Primary ☐ Primary Runoff ☐ General ☐ General Runoff ☐ Special ☐ Annual School ☐ Annual School Runoff 3. Type of Report: (check one) This report covers what period? (01/01/23) through (12/31/23)Annual report Preelection report \*If the campaign has not Final report (check method by which remaining campaign funds were disposed)\* ended, disposal of ☐ Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund) campaign funds is not ☐ A political party as defined in Ark. Code Ann. § 7-1-101 or a political party caucus of the Arkansas General required and the Assembly, the Senate, or the House of Representatives candidate may carry ☐ Contributors to the candidate's campaign forward any remaining ☐ A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code campaign funds to the next election in the cycle ☐ Cities of the first class, cities of the second class, or incorporated towns for that same office. Supplemental Report SUMMARY FOR REPORTING PERIOD | CUMULATIVE TOTAL

\$0.00	
	\$0.00
\$0.00	\$0.00
\$2525.00	\$2525.00
\$2330.41	\$2330.41
\$194.59	
	\$2525.00

(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.

	Mi Men
MICHELD	Signature of Candidate or Candidate's Representative
Sworn to and subscript (S) ame, to blic, in and for	
Legice MARIASERI)	Notary Signature & anon Wichelle CY
S S S S S S S S S S S S S S S S S S S	My Commission Expires: May 1, 2025
Note: If faxed notary sea not be legi	ible (i.e., either stamped or raised and inked) and the original must
COUNTY ARE	follow within ten (10) days.

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

#### 12. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMC	UNT
79				
	13. TOTA	L LOANS DURING REPORTING PERIOD	\$	\$0.00

#### **IMPORTANT**

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

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

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

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

## 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
12/8/23	Scott Gray, 1031 Hickory Creek Dr Alexander, AR 72002	ABBA banquet sponsorship	\$1000.00	\$1000.00
	15. TOTAL NONMONEY	CONTRIBUTIONS	\$1000.00	To here

## **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 needs

	(Use copies of the	nis page as needed)		
Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
11/9/23	Alison Gray (candidate) PO Box 1043, Alexander, AR 72002	Gray Media Corp. / marketing	APrimary □ Run-Off □ General □ Debt \$300.00	\$300.00
12/12/23	Alison Gray (candidate) PO Box 1043, Alexander, AR 72002	Gray Media Corp. / marketing	XPrimary □ Run-Off □General □ Debt \$1000.00	\$1300.00
12/31/23	Alison Gray (candidate) PO Box 1043, Alexander, AR 72002	Gray Media Corp. / marketing	APrimary □ Run-Off □ General □ Debt \$1000.00	\$2300.00
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Con	tributions This Page	\$2300.00	

# **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	From This Contributor
			□Primary □ Run-Off □General □ Debt	99111134151
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
18. 101.	AL ITEMIZED MONETARY CONTRIBUTIONS OVER \$2 AL NONITEMIZED MONETARY CONTRIBUTIONS	200	\$2300.00 \$225.00	
(incl	AL MONETARY CONTRIBUTIONS THIS REPORT udes totals from lines 17 and 18)		\$2525.00	

# 20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Filing Fee	\$300.00
Television Advertising	
Radio Advertising	
Newspaper Advertising	
Other Advertising	
Office Supplies	
Rent	
Utilities	\$48.97
Telephone	
Postage	
Direct Mail	\$660.11
Travel Expenses	
Entertainment	
Fundraising	
Repayment of Loans	
Returned Contributions	
Consultant Fees	
Polls	
Paid Campaign Workers	
Other (list)	
billboards	\$847.00
events	\$33.50
signs	\$130.41
website	\$310.42
21. TOTAL CAMPAIGN EXPENDITURES	\$2330.41

#### 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** NAME OF WORKER **AMOUNT** PAID PAID 23. TOTAL PAID CAMPAIGN WORKERS \$0.00

# 24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

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

Name and Address of Supplier/Payee	Use copies of this page as r  Description of Expenditure		
Saline County Republican Committee, 125 N Market St Benton, AR 72015	filing fee	Date of Expenditure 11/9/23	\$300.00
Gray Media Corp., 1031 Hickory Creek Dr., Alexander, AR 72002	advertising	12/31/23	\$1996.91
05 70741 17711177			
25. TOTAL ITEMIZED EXPENDITURES  26. TOTAL NONITEMIZED EXPENDITURES		\$2296.91	
26. TOTAL NONITEMIZED EXPENDITURES THIS REPORT 27. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter amount from line 23)			\$33.50 \$0.00
28. TOTAL EXPENDITURES THIS REPO	ORT (includes lines 25, 26 and 2	7)	\$2330.41

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

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

Please Type or Print
Use additional pages if necessary

	amena pagee in necoccary	
NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF DEBT	CURRENT BALANCE
	30. TOTAL DEBT	\$0.00

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:

John Thurston, Secretary of State 500 Woodlane Street Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548 Calendar year covered 2023

(Note: Filing covers the previous calendar year)

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

Is this an amendment? 

Yes 

No

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

Name	Gray	Alison		C.
Addre	(Last)	(First) Alexander	AR	(Middle) 72002
Phone	(Street or P.O. Box Number) 501-409-4993	(City)	(State)	(Zip Code)
Spouse	s's name N/A			
All nar	(Last) mes under which you and/or your spouse do business:	(First)		(Middle)
SECT	ION 2- REASON FOR FILING			BATE &
	Public Official			2 1
X	Candidate Saline County Justice of the Peace	(office held)		
	District Judge	(office sought)		0
	City Attorney(name of district)			
	State Government: Agency Head/Department Direct	(name of city)		
4	Chief of Staff or Chief Deputy			y/department/division)
	(name of Public appointee to State Board or Commission	Constitutional Officer, Se	nate, or House of Rep	resentatives)
	School Board member (name of board/commission)			
	Candidate for school board			
	Public or Charter School Superintendent			
		f school district/school)		
	Advertising and Promotion Commission member	(nam	e of cooperative)	
	Research Park Authority Board member under A.C.A	(name of adve	rtising and promotion	commission)
		1-	(name of resear	arch park authority board)

BEC	TION 2- REASON FOR	FILING (continued)		
	Appointee to one of th  ☐ Planning board or or	ne following municipal, county or regional commission	al boards or commissions (list name of board or commission):	
	☐ Airport board or co	mmission		
	☐ Water or Sewer box	ard or commission		
	☐ Utility board or cor	nmission		
	☐ Civil Service comm	nission		
SEC	ΓΙΟΝ 3- SOURCE OF I	NCOME		
that caccou \$1,00	onstitute a portion of the guntants, attorneys, farmers, 0 from at least one source	gross income of the business or profession contractors, etc. do not have to list their the answer N/A is not correct.	your spouse, or any other person for the use or benefit of you You are not required to disclose the individual items of income from which you or you spouse derives income. For example: individual clients.) If you receive gross income exceeding	
a)	Check appropriate box:	More than \$1,000	☐ More than \$12,500	
	(name of employer or source of income)  1 Pickwick Plaza, Greenwich, CT 06830			
		(addres	ss)	
	(name under which income received)			
Provio	de a brief description of th	e nature of the services for which the cor	npensation was received interest, dividends, capital gains from	
b) Cl	neck appropriate box:	☐ More than \$1,000	☐ More than \$12,500	
	(name of employer or source of income)			
		(addres	s)	
	(name under which income received)			
Provid	e a brief description of the	e nature of the services for which the con	pensation was received	
c) (	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500	
- Company	(name of employer or source of income)			
		(address	5)	
		(name under which in	come received)	
Provid	e a brief description of the	nature of the services for which the com	pensation 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 Interactive Brokers, LLC - see attached for indi		More than \$12,500
		(name of corpor	ration, firm or enterprise)	
_			(address)	
		Alison C. Gray	(waaress)	
		(name under v	which investment held)	
b)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
	44	(name of corpor P.O. Box 70377, Philadel	ation, firm or enterprise) phia, PA 19176-0377	
_		Alison C. Gray	(address)	
		(name under v	which investment held)	
c)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
	(name of corporation, firm or enterprise)			
			(address)	
-		(name under w	which investment held)	
d)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
		(name of corpora	ntion, firm or enterprise)	
		(	address)	
		(name under w	which investment held)	
e)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
	(name of corporation, firm or enterprise)			
		(4	address)	
		(name under w	hich investment held)	
f)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
		(name of corporat	tion, firm or enterprise)	
			(c) (c)	
		(8	address)	
		(name under w	hich investment held)	

## **SECTION 5- OFFICE OR DIRECTORSHIP**

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

a) N/A	
(na	me of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
(na	me 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 thou outstanding. (This does not include debts owed to financial institution or a person who regularly and	sand dollars (\$5,000) or more was personally owed or personally obligated and is still to members of your family or loans made in the ordinary course of business by either a d customarily extends credit.)
a) N/A	
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
2)	(address of creditor)
	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED	TO GOVERNMENT
List the name and address of each governmental behavior of the amount of the obligation.	pody to which you are legally obligated to pay a past-due amount and a description of
t) N/A	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

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

a) N/A	
	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
entertainment, advance, services, or anything of value unle are a number of exceptions to the definition of "gift." Thou Interest prepared for use with this form. (Note: The value	e of the fair market value of each gift of more than \$100 received by you your dependent children. The term "gift" is defined as "any payment, so consideration of equal or greater value has been given therefor." There exceptions are set forth in the Instructions for Statement of Financial of an item shall be considered to be less than \$100 if the public servant my amount over \$100 and the reimbursement occurs within ten (10) days
a) N/A	
	(description of gift)
(date)	(fair market value)
	(source of gift)
0)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
)	
	(description of gift)
(date)	(fair market value)

(source of gift)

## SECTION 10- AWARDS

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

a)_N/A	
	(description of award)
(date)	(fair market value)
	(source of award)
b)	
	(description of award)
(date)	(fair market value)
	(source of award)
c)	
	(description of award)
(date)	(fair market value)
	(source of award)
d)	
	(description of award)
(date)	(fair market value)
	(source of award)
SECTION 11- NONGOVERNMENTAL SOURCES OF	
List each nongovernmental source of payment of your expendence when you appear in your official capacity when the expense	enses for food, lodging, or travel which bears a relationship to your offices incurred exceed \$150.
a) N/A	*
(name of perso	n or organization paying expense)
	(business address)
(date of expense)	(amount of expense)
(n	ature of expenditure)
0)	
(name of person	n or organization paying expense)
	(business address)
(date of expense)	\$ (amount of expense)
(n:	ature of expenditure)

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

(governmental body to whom sold)

(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

#### **SECTION 14- SIGNATURE**

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

SS

Alison Gray
Signature

STATE OF ARKANSAS

COUNTY OF SAUNE

Subscribed and swo

day of \_\_\_\_\_

January

,2024

Notary Public

My commissio

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.

Alison C. Gray Addendum to Ethics Report Interactive Brokers individual holdings

<u>Ticker</u>	Over 1000	Over 12,500
ARCC	X	
вто	X	
BWNB <sup>*</sup>	X	
CWEN A	X	
GREEL	X	*
MELI	X	
PFFA	X	
RILYO	X	
RILYZ	X	
RVT	X	
RWT PRA	X	
SAY	X	
SLRC	X	
SPNT PRB	X	
TPVG	X	
XOMAO	X	
cash	X	

STATEMENT OF FINANCIAL INTEREST For assistance in completing State/District officials file with: Calendar year covered this form contact: John Thurston, Secretary of State (Note: Filing covers the previous calendar year) Arkansas Ethics Commission 500 Woodlane Street Phone (501), 324-9600 Little Rock, AR 72201 Toll Free (800) 422-7773 Phone (501) 682-5070 Fax (501) 682-3548 Is this an amendment? 

Yes 

No Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document. Do not file this form with the Arkansas Ethics Commission. SECTION 1- NAME AND ADDRESS (Middle) 72015 (State) (Zip Code) All names under which you and/or your spouse do business: **SECTION 2- REASON FOR FILING** X Public Official TP 037 (office held) Candidate (office sought) District Judge \_\_\_\_\_ (name of district) П 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) П Public or Charter School Superintendent \_ (name of school district/school) Executive Director of Education Service Cooperative

Advertising and Promotion Commission member \_\_\_\_\_

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

(name of cooperative)

(name of advertising and promotion commission)

(name of research park authority board)

П	Appointee to one of th  ☐ Planning board or	ne following municipal, county or regions commission	al boards or commissions (list name of board or commission)
		nission	
SECT	ΓΙΟΝ 3- SOURCE OF I	NCOME	
incom examp	ur spouse receives gross in the that constitute a portion ple: accountants, attorne	ncome amounting to more than \$1,000. In of the gross income of the business or p	your spouse, or any other person for the use or benefit of you (You are not required to disclose the individual items of profession from which you or you spouse derives income. For to list their individual clients.) If you receive gross income of.
a)	Check appropriate box:	(1 1 (10)	More than \$12,500
	Helelel and	(name of employer or 3 Beyork An 7	
	9999 469	S ISEM THA /AR (address	2017
		(43413)	
		/	
		(name under which	
Provid	de a brief description of the	ne nature of the services for which the co	mpensation was received
<u> </u>	de a brief description of the AUTHOL LAWLY heck appropriate box:	ne nature of the services for which the co	
<u> </u>	juint wow	ne nature of the services for which the co	mpensation was received MANAGE  More than \$12,500
<u> </u>	juint wow	ne nature of the services for which the co	mpensation was received
<u> </u>	julitie wour	ne nature of the services for which the co	More than \$12,500 source of income)
b) Cł	heck appropriate box:	ne nature of the services for which the co	More than \$12,500 source of income) ss)
b) Cl	heck appropriate box:	me nature of the services for which the co	More than \$12,500 source of income) ss)
b) Cl	heck appropriate box:	me nature of the services for which the co	More than \$12,500  Source of income)  Income received)  Impensation was received  Impensation was received  Impensation was received
b) Cl	heck appropriate box:	me nature of the services for which the co	More than \$12,500  source of income)  mpensation was received  more than \$12,500  more received)  mpensation was received  More than \$12,500  source of income)

# **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)			
_	4444 H	V4 J BOYPOH	M nous		
	1	(ad	4		
_	ILAU	E MATION BELLATE	ct (		
		(name under which	ch investment held)		
b)	Check appropriate box:	☐ Mana share €1,000	D71		
U)	check appropriate box:	More than \$1,000	More than \$12,500		
-	10	EVENSONE CARMAIL	UC		
	4444 Hwy	(name or corporation	n, firm or enterprise)		
	1747 704		12019		
	Rou	OR MATTE BEZ	dress)		
_	7000		ch investment held)		
		(name under which	ai invesiment neid)		
c)	Check appropriate box:	More than \$1,000			
٠,	eneck appropriate oox.		☐ More than \$12,500		
1300	EAM LLC				
	(name of corporation, firm or enterprise)  1620 SUHHYBROOK BENTOH AN 72018				
	TOP SUMAT	DIE OF SERVING	iress)		
		ena on marine	iress)		
		(name under whice	th investment held)		
		(name dider wine	in investment neid)		
d)	Check appropriate box:	More than \$1,000			
4,	check appropriate box.		☐ More than \$12,500		
			CHE RO PMIL		
	11,20 5	(name of corporation	n, firm or enterprise)		
	1020 SUNIA 715	135/410H	An 12019		
		(add	ress)		
	(name under which investment held)				
		(name under wine	n investment neid)		
e)	Check appropriate box:	☐ More than \$1,000			
,	check appropriate box.	Wore than \$1,000	☐ More than \$12,500		
		(name of corneration	S		
	(name of corporation, firm or enterprise)				
	(address)				
		(add	1635)		
		(name under which	h investment hald)		
		(name under willer	m myosunem neid)		
f)	Check appropriate box:	☐ More than \$1,000			
,	appropriate tox.	141016 HIAH \$1,000	☐ More than \$12,500		
	(name of corneration formation in the contraction i				
	(name of corporation, firm or enterprise)				
	(address)				
		(audi			
		(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 regulatory agency of this State, or of any of its political subdivisions. (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) **SECTION 6- CREDITORS** List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.) (name of creditor) (address of creditor) (name of creditor) (address of creditor) (name of creditor) (address of creditor) SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description

of the nature of the amount of the obligation.

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

#### SECTION 8- GUARANTOR OR CO-MAKER

or extended and refinanced after Jan. 1, 1989. Members of	bt of yours that is still outstanding. (This includes debt guarantors arising of your family who are your guarantors are not required to be disclosed.)
a)	
	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
or your spouse and of each gift of more than \$250 received entertainment, advance, services, or anything of value unleare a number of exceptions to the definition of "gift." Tho Interest prepared for use with this form. (Note: The value reimburses the person from whom the item was received a from the date the item was received.)	the of the fair market value of each gift of more than \$100 received by you do by your dependent children. The term "gift" is defined as "any payment ess consideration of equal or greater value has been given therefor." There is exceptions are set forth in the Instructions for Statement of Financial er of an item shall be considered to be less than \$100 if the public servant any amount over \$100 and the reimbursement occurs within ten (10) days
a)	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
:)	(1
	(description of gift)
(date)	(fair market value)
	(source of gift)
I)	
	(description of gift)
(date)	(fair market value)
	(source of gift)
)	
	(description of gift)
(date)	(fair market value)
	(source of gift)

#### **SECTION 10- AWARDS**

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive 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 SO	DURCES OF PAYMENT
List each nongovernmental source of payment	of your expenses for food lodging or travel which bears a relationship to
when you appear in your official capacity when	n the expenses incurred exceed \$150.
1)	
(n	name of person or organization paying expense)
	(business address)
(date of expense)	\$ (amount of expense)
	(nature of expenditure)
)(n	ame of person or organization paying expense)
	(business address)
(date of expense)	\$
(date of expense)	(amount of expense)
	(nature of expenditure)

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

SECTION 12- DIRECT REGULATION OF BUSINESS

(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

Subscribed and Morn before me this /

day of

, 20 24

Notary Public

My commission express of

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

#### **IMPORTANT**

#### Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

#### **General Information:**

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

#### **CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT**

For County, Municipal and School Board Candidates

Check if this report is an amendment

This report should be filed with t	he County Clerk of the county in which the	election is held	
1. Name of Candidate RELLINGER			
Address 1620 Sui	HAY BROOK RD		
City, State and Zip	AN 72019	Phone Number:	1-249-7830
Office Sought	District Number 6	(Clerk'	s File Stamp)
Does the candidate have a campaig If yes, complete the following:	n committee? ( )Yes ( XNo		PROB 2024
Name of Chairperson/Treasurer:			
Mailing Address	Phone Number:		JAN 12
☑ Primary Runoff ☐ Ge	Year of Election <u>2029</u> neral □ General Runoff ] Annual School Runoff		ED COUNTY DUNTY OF PM 2:
<ul> <li>□ Treasurer of State (for benefit of Gene</li> <li>□ A political party as defined in Ark. Cod</li> <li>Assembly, the Senate, or the House</li> <li>□ Contributors to the candidate's campa</li> <li>□ A nonprofit organization that is exemp</li> <li>□ Cities of the first class, cities of the sec</li> <li>□ Supplemental Report</li> </ul>	ign from taxation under Section 501(c)(3) of the l cond class, or incorporated towns	tionment Fund) the Arkansas General Internal Revenue Code	*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.
	MARY	FOR REPORTING PERIO	D CUMULATIVE TOTAL
4. Balance of campaign funds at b		1884.87	
5. Interest (if any) earned on camp		3.76	
6. Total Loans (enter total from line			
7. Total Monetary Contributions (e		-	
8. Total Expenditures (enter total f		1000 13	
9. Balance of campaign funds at c		1888.63	
<ol> <li>If this is candidate's final report remaining campaign funds or or (use brackets to indicate debt)</li> </ol>			
11. NO ACTIVITY (check if you have	not received contributions, loans, or made expendit		
	d belief that the information disclosed in the selection of the campaign contributions and expenditure.		, true, and accurate
WILKING WILKING	Signature of Candidate or	Candidate's Representativ	- 1/5/24
Swom to and substituted before me a Notary Pul	Notary Signature	ansas, on this 2 Gay of C	anuary 5004
Note: If faired motair sear mus	My Commission Expires:_ it be legible (i.e., either stamped or follow within ten (10) days.		nd the original must

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

#### 12. LOAN INFORMATION

Please Type or Print Do not list loans previously reported

ATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
	1		5.00
	13 TOTAL LO	ANS DURING REPORTING PERIOD	\$

#### **IMPORTANT**

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

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

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

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

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

#### 14. NONMONEY CONTRIBUTIONS

Does not include volunteer services by individuals

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
	<u> </u>			
	15. TOTAL NONMONE	EY CONTRIBUTIONS		

#### **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 **Amount of Cumulative Total** Employer/Occupation Contribution From This Contributor □Primary □ Run-Off □General □ Debt **Subtotal of Contributions This Page** 

**ITEMIZED MONETARY CONTRIBUTIONS OVER \$200** Please Type or Print

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
			□Primary □ Run-Off □General □ Debt	CONTRIBUTOR
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
18. TOT	AL ITEMIZED MONETARY CONTRIBUTIONS OVER AL NONITEMIZED MONETARY CONTRIBUTIONS	\$200		
19. TOT (incl	AL MONETARY CONTRIBUTIONS THIS REPORT udes totals from lines 17 and 18)			

## 20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

	EGORY	TOTAL AMOUNT
Filing Fee		
Television Advertising		
Radio Advertising		
Newspaper Advertising		
Other Advertising		
Office Supplies		
Rent		
Utilities		
Telephone		
Postage		
Direct Mail		
Travel Expenses		
Entertainment		
Fundraising		
Repayment of Loans		
Returned Contributions		
Consultant Fees		
Polls		
Paid Campaign Workers		
Other (list)		
	21. TOTAL CAMPAIGN EXPENDITURES	

#### 22. PAID CAMPAIGN WORKERS

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

NAME OF WORKER

AMOUNT
PAID

NAME OF WORKER

AMOUNT
PAID

AMOUNT
PAID

23. TOTAL PAID CAMPAIGN WORKERS

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

CURRENT AS OF 08/01/2023

## 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
*			
- 1			
		To-fi	
		91.0	
25. TOTAL ITEMIZED EXPENDITURES	THIS REPORT		
26. TOTAL NONITEMIZED EXPENDITU	RES THIS REPORT		
27. TOTAL PAID CAMPAIGN WORKER	S THIS REPORT (enter amount	from line 23)	
28. TOTAL EXPENDITURES THIS REP	ORT (includes lines 25, 26 and )	27)	

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

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

Please Type or Print Use additional pages if necessary

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

## STATEMENT OF FINANCIAL INTEREST

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

Fax (501) 682-3548

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

(name of research park authority board)

Is this an amendment? ☐ Yes ☐ No

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

#### **SECTION 1- NAME AND ADDRESS** Name \_\_\_\_ Curtis Josh Douglas (Last) (First) (Middle) Address 3851 Legacy Village Benton AR 72015 (Street or P.O. Box Number) (City) (State) 501-776-7004 Nicole 28 Spouse's name \_\_\_\_\_ Curtis Megan (Last) All names under which you and/or your spouse do business: **SECTION 2- REASON FOR FILING** Public Official Justice of the Peace District 7 (office held) Candidate \_\_\_\_\_ (office sought) П District Judge \_\_\_\_\_ (name of district) City Attorney \_\_\_\_ (name of city) State Government: Agency Head/Department Director/Division Director \_\_\_\_\_ (name of agency/department/division) П 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) П 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) П 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.\_\_\_

SECT	TION 2- REASON FOR	FILING (continued)	
	Appointee to one of the ☐ Planning board or co	e following municipal, county or regionmission	ional boards or commissions (list name of board or commission):
SECT	TION 3- SOURCE OF IN	ICOME	
DAUL	NO. 10 DOUNCE OF I		
or you incom examp	ar spouse receives gross in the that constitute a portion pole: accountants, attorneys	come amounting to more than \$1,000 of the gross income of the business	you, your spouse, or any other person for the use or benefit of you 0. (You are not required to disclose the individual items of or profession from which you or you spouse derives income. For two list their individual clients.) If you receive gross income trect.
a) (	Check appropriate box:	☐ More than \$1,000	X More than \$12,500
		sociation of Arkansas Counties	
			r or source of income)
<u> </u>		1415 West Third St Little Rock AF	dress)
		Josh Curtis	urossy
		(name under whi	ch income received)
Provid	de a brief description of the	e nature of the services for which the Full time job- Director of G	compensation was received
b) Cł	neck appropriate box:	More than \$1,000 Saline County Government	X More than \$12,500
		200 N. Main St Benton	
			dress)
		Megan Curtis (name under whi	ch income received)
Provid	le a brief description of the	e nature of the services for which the Circuit Clerks Office-Office Mana	compensation was received
c) (	Check appropriate box:	X More than \$1,000 Saline County Government	☐ More than \$12,500
		200 N. Main St Benton AR 72015	
		Josh Curtis (add	dress)
			ch income received)
Provid	le a brief description of the	e nature of the services for which the	
Provid	e a brief description of the	e nature of the services for which the <u>Justice of the Peace</u>	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
5		(name of corporation, f	irm or enterprise)
-		(address	s)
_		(name under which in	vestment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fi	rm or enterprise)
-		(address	s)
_		(name under which in	vestment held)
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fi	rm or enterprise)
_		(address	3)
		(name under which in	vestment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fir	rm or enterprise)
		(address	)
		(name under which in	vestment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fir	m or enterprise)
		(address	)
		(name under which in	vestment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fir	m or enterprise)
-		(address)	
	The second second	(name under which in	vestment held)

### **SECTION 5- OFFICE OR DIRECTORSHIP**

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

a)	
	ame of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
(na	ame of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
List each creditor to whom the value of five tho outstanding. (This does not include debts owed a financial institution or a person who regularly	usand dollars (\$5,000) or more was personally owed or personally obligated and is still to members of your family or loans made in the ordinary course of business by either and customarily extends credit.)
a)	
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
	(address of creditor)
c)	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWEI	O TO GOVERNMENT
List the name and address of each governmental the nature of the amount of the obligation.	body to which you are legally obligated to pay a past-due amount and a description of
(name of governmental body)	(-33
	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

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

		pers of your family who are your guarantors are not required to be disclosed.)
a)		(name)
b)		(address)
0)		(name)
		(address)
SECTION 9- GIF	<u>rs</u>	
your spouse and of entertainment, adva are a number of exc Interest prepared fo	each gift of more than \$250 red nce, services, or anything of va- eptions to the definition of "gift r use with this form. (Note: The on from whom the item was red	estimate of the fair market value of each gift of more than \$100 received by you deleved by your dependent children. The term "gift" is defined as "any payment, alue unless consideration of equal or greater value has been given therefor." Thereft." Those exceptions are set forth in the Instructions for Statement of Financial he value of an item shall be considered to be less than \$100 if the public servant ceived any amount over \$100 and the reimbursement occurs within ten (10) days
a)		(description of gift)
	(date)	(fair market value)
		(source of gift)
b)		(description of gift)
	(date)	(fair market value)
		(source of gift)
c)		
		(description of gift)
	(date)	(fair market value)
		(source of gift)
d)		
		(description of gift)
	(date)	(fair market value)
		(source of gift)
e)		(1 1 1 0 10)
e)		(description of gift)
e)	(date)	(description of gift)  (fair market value)

#### **SECTION 10- AWARDS**

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

a)	
A TOTAL DESCRIPTION OF THE PROPERTY OF THE PRO	(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 SOL	URCES OF PAYMENT
	of your expenses for food, lodging, or travel which bears a relationship to your offi
when you appear in your official capacity when	the expenses incurred exceed \$150.
a)	
(na	ame of person or organization paying expense)
	(business address)
(date of expense)	\$(amount of expense)
	(nature of expenditure)
b)	
	me of person or organization paying expense)
	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)

	employs you and is under direct regulation or subject to direct control by the governmental body which you serve
a)	
	(name of business)
HERE W	(governmental body which regulates or controls)
b)	
-	(name of business)
	(governmental body which regulates or controls)
c)	
-	(name of business)
	(governmental body which regulates or controls)
d)	
	(name of business)
	(governmental body which regulates or controls)
List the goods or service compensation paid for ea	S TO GOVERNMENTAL BODY  s sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the ach category of goods or services sold by you or any business in which you or your spouse is an officer, director, or e than 10% of the stock of the company.
List the goods or service compensation paid for extockholder owning more	s sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the ach category of goods or services sold by you or any business in which you or your spouse is an officer, director, or than 10% of the stock of the company.
List the goods or service compensation paid for estockholder owning mor	s sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the
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List the goods or service compensation paid for estockholder owning mor	s sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the ach category of goods or services sold by you or any business in which you or your spouse is an officer, director, of than 10% of the stock of the company.  (goods or services)  (goods or services)
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List the goods or service compensation paid for estockholder owning more	s sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the ach category of goods or services sold by you or any business in which you or your spouse is an officer, director, or than 10% of the stock of the company.  (goods or services)  (governmental body to whom sold)  (goods or services)  (goods or services)  (goods or services)
List the goods or service compensation paid for estockholder owning mor	s sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the ach category of goods or services sold by you or any business in which you or your spouse is an officer, director, of than 10% of the stock of the company.  (goods or services)  (governmental body to whom sold)  (goods or services)
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List the goods or service compensation paid for estockholder owning more	s sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the ich category of goods or services sold by you or any business in which you or your spouse is an officer, director, or e than 10% of the stock of the company.  (goods or services)  (governmental body to whom sold)  (compensation paid)  (goods or services)  (goods or services)  (goods or services)

(compensation paid)

#### **SECTION 14- SIGNATURE**

STATE OF ARKANSAS

COUNTY OF Pulaski

Subscribed and sworn before me this 22 nd day of January ,20 24

(Legible Notary Seal)

Notary Public

Notary Public

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow

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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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 2025 EIVED & FILED (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

2024 JAN 29 PM 2: 33

Is this an amendment?

O Yes Ne CUNTY PRODATE

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

SECT	CTION 1- NAME AND ADDRESS	may Commissi	211/	
Name	ne Shrith Pri	Hone		limb
Addre	dress 1819 (Last) WOOd For Street or P.O. Box Number)	(First)	P/R	TWidde)
Phone	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)
Spous	use's name	asten		Rever
All na	(Last) names under which you and/or your spouse do business:			
SECT	TION 2- REASON FOR FILING	***************************************		
	Public Official			
<b>(B</b> )	Candidate JUSTICE OF the Peace of Tight 7			
	District Judge			
	City Attorney (name of city State Government: Agency Head/Department Director/Division			
	Chief of Staff or Chief Deputy		(name of agency/d	epartment division)
		Public appointee to State Board or Commission		
	Candidate for school board	13.163 (6.3 )		
	Candidate for school board (name of school district)  Public or Charter School Superintendent (name of school district)  Figure of school district (school)			
	(name of school distr Executive Director of Education Service Cooperative			**************************************
	Advertising and Promotion Commission member			
	Research Park Authority Board member under A.C.A. § 14-144	name of advante	ing and manualing	unission)
			(name of research	park authority board)

SECT	IION 2- REASON FOR	FILING (continued)	
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):		
	Airport board or con	nmission	
	☐ Water or Sewer boa	rd or commission	
	Utility board or con	mission	
	Civil Service comm	ission	
SECT	TION 3- SOURCE OF IN	COME	
that co	ir spouse receives gross in onstitute a portion of the g ntants, attorneys, farmers,	come amounting to more than \$1,000. () ross income of the business or profession	your spouse, or any other person for the use or benefit of you fou are not required to disclose the individual items of income from which you or you spouse derives income. For example individual clients.) If you receive gross income exceeding
a) (	Check appropriate box:	More than \$1,000	More than \$12,500
************	5711 KS K	Alarica (addres	
Provid	le a brief description of th		ncome received)  spensation was received EXXVVVVVVV
b) Ch	neck appropriate box:	More than \$1,000	S. More than \$12,500
40,	5 Urban S	(addres	4 10 80778
**********		(name under which in	scome received)
Provid	le a brief description of the	nature of the services for which the con	
c) (	Check appropriate box:	More than \$1,000	☐ More than \$12,500
		(name of employer or s	ource of income)
		(address	i)
eteros en este		(name under which in	come received)
Provid	e a brief description of the	nature of the services for which the com	pensation 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,	irm or enterprise)
	Δ	(addres	
	CARBINA	MOTING F INTON	Christin
		(name under which	vestment held)
b)	Check appropriate box.	More than \$1,000	☐ More than \$12,500
		(name of corporation, f	rm or enterprise)
-01120		(addres	5)
	······································	(name under which is	ivestment held)
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
· verve		(name of corporation, f	rm or enterprise)
*****	***************************************	(addres	9)
		(name under which is	vestment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
ACCOUNT.		(name of corporation, fi	nn or enterprise)
*****	······································	(addres	)
******	***************************************	(name under which is	vestment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
*****		(name of corporation, fi	rm or enterprise)
*****		(addres	)
*****		(name under which in	vestment held)
n	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
••••	***************************************		
		(name of corporation, fi	m or enterprise)
*****		(address	)
******		(name under which in	vestment held)

#### SECTION 5- OFFICE OR DIRECTORSHIP

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

Alla	
a) 1914. (name	of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
All id	
(name (	of business, corporation, firm, or enterprise)
······································	(address)
	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
inancial institution or a person who regularly and cut  a) RONNINOC  PORTON SINGER LOS DAY  b) Chrysler Chorol - Fund  PO POX 16405335 Doubles	(name of creditor) (address of creditor) (name of creditor)
c)	(address of creditor)
	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED TO	GOVERNMENT
	y to which you are legally obligated to pay a past-due amount and a description of
a) Dept CE EN VENET (name of governmental body)  1.53 20 2	PO FOL BOSIO LOGON, NE (address of governmental body) SUMENT LOGO (Buttony)
b) Dept (amount owed) (amount owed) (b) Dept (c) (amount owed) (name of governmental body)	(nature of the obligation) (address of governmental body)
(amount owed)	(nature of the obligation)
of rounds county	1604 Stire St # E Cabot, PR 72023
\$ 108.11	Tergoral Property (noe been could)

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

Revised 12/2017

#### SECTION 8- GUARANTOR OR CO-MAKER

4.51.00	ners of your family who are your guarantors are not required to be disclosed.)
a) N/14	(name)
alla d	(address)
" A Company of the Co	(name)
	(address)
SECTION 9- GIFTS	
your spouse and of each gift of more than \$250 recentertainment, advance, services, or anything of value are a number of exceptions to the definition of "gif Interest prepared for use with this form. (Note: Ti	estimate of the fair market value of each gift of more than \$100 received by you reived by your dependent children. The term "gift" is defined as "any payment, lue unless consideration of equal or greater value has been given therefor." There it." Those exceptions are set forth in the Instructions for Statement of Financial ne value of an item shall be considered to be less than \$100 if the public servant served any amount over \$100 and the reimbursement occurs within ten (10) days
a)	(description of gift)
Adams	(fair market value)
(date)	(fair market value)
4.5	(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)
1)	(description of gift)
(date)	(fair market value)
	(source of gift)
)	
	(description of gift)
(date)	(fair market value)
***************************************	(source of giff)

#### **SECTION 10-AWARDS**

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

a) N/P	
•	(description of award)
(date)	(fair merket value)
	(source of award)
47/016	
*	(description of award)
(date)	(fair market value)
	(source of award)
ALM (o	
*	(description of award)
(date)	(fair market value)
***************************************	(source of award)
4/1/16	
a) M/13	(description of award)
(date)	(fair market value)
	(source of award)
SECTION 11- NONGOVERNMENTAL SOU	RCES OF PAYMENT
	YOUR expenses for food ladging or travel which hours a relationship to
300000000000000000000000000000000000000	ne of person or organization paying expense)
	(business address)
(date of expense)	{amount of expense}
willy w	(nature of expenditure)
(nari	e of person or organization paying expense)
	(business address)
(date of expense)	\$
	(amount of expense)
	(notice of avendation)

### SECTION 12- DIRECT REGULATION OF BUSINESS

a) M/B	(name of business)
······································	
	(governmental body which regulates or controls)
o W/O	
,,,,,	(name of business)
***************************************	(governmental body which regulates or controls)
)	
·}	(name of business)
	(governmental body which regulates or controls)
	(governmental body which regulates or controls)
)	(name of business)
	(name of business)
	(governmental body which regulates or controls)
ompensation paid for each tockholder owning more th	ld to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the category of goods or services sold by you or any business in which you or your spouse is an officer, director, our 10% of the stock of the company.
ompensation paid for each tockholder owning more th	category of goods or services sold by you or any business in which you or your spouse is an officer, director, o an 10% of the stock of the company.
ompensation paid for each tockholder owning more th	category of goods or services sold by you or any business in which you or your spouse is an officer, director, of the stock of the company.  (goods or services)
ompensation paid for each tockholder owning more th	category of goods or services sold by you or any business in which you or your spouse is an officer, director, of the stock of the company.  (goods or services)  (governmental body to whom sold)
ompensation paid for each tockholder owning more the	(goods or services)  (goods or services)  (governmental body to whom sold)
ompensation paid for each tockholder owning more th	category of goods or services sold by you or any business in which you or your spouse is an officer, director, of the stock of the company.  (goods or services)  (governmental body to whom sold)
ompensation paid for each tockholder owning more the	(goods or services)  (goods or services)  (governmental body to whom sold)
ompensation paid for each tockholder owning more the	(goods or services)  (goods or services)  (goods or services)  (governmental body to whom sold)  (goods or services)  (goods or services)
ompensation paid for each ockholder owning more the ockholder owning more than the ockholder owning mo	(goods or services)  (goods or services)  (governmental body to whom sold)  (goods or services)  (goods or services)  (goods or services)
ompensation paid for each ockholder owning more the same of the sa	(goods or services)  (goods or services)  (goods or services)  (governmental body to whom sold)  (goods or services)
ompensation paid for each tockholder owning more the control of th	(goods or services)  (goods or services)  (governmental body to whom sold)  (goods or services)  (goods or services)  (goods or services)
ompensation paid for each tockholder owning more the	(goods or services)  (goods or services)  (goods or services)  (governmental body to whom sold)  (governmental body to whom sold)
ompensation paid for each tockholder owning more the	(goods or services sold by you or any business in which you or your spouse is an officer, director, our 10% of the stock of the company.  (goods or services)  (governmental body to whom sold)  (goods or services)  (governmental body to whom sold)  (governmental body to whom sold)  (governmental body to whom sold)  (goods or services)  (goods or services)
ompensation paid for each tockholder owning more the control of th	(goods or services)  (governmental body to whom sold)  (compensation paid)  (goods or services)  (governmental body to whom sold)  (goods or services)

#### **SECTION 14- SIGNATURE**

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

STATE OF ARKANSAS

COUNTY OF PURALLY

Subscribed and sworn before me this

day of January

rien Levineptor

Votary Public

My con

5-2030

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

#### **IMPORTANT**

#### Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

#### General Information:

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