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 203
(Note: Filing covers the previous calendar year)

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

Is this an amendment? Yes No

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

SECT	TION 1- NAME AND ADDRESS	
Name	Book Gary	Tro
Addre		(Middle)
Phone	$50/3/2 \cdot 20\times9$ (City) (State)	(Zip Code)
Spouse	e's name Beck Regire	Kar.
All na	(Last) mes under which you and/or your spouse do business:	(Middle)
/	New Focus of Benton, AR. Inc. 501	-03
SECT	ION 2- REASON FOR FILING	८ ् ह
	Public Official	DATE OF THE PROPERTY OF THE PR
	Candidate Salling (OCA) H (office held)	→ # COO
	District Judge (office sought)	
	City Attorney(name of district)	45
	(name of city) State Government: Agency Head/Department Director/Division Director	
	Chief of Staff or Chief Deputy (name of agency/departm	ent/division)
	(name of Constitutional Officer, Senate, or House of Representative Public appointee to State Board or Commission	/es)
	School Board member (name of board/commission)	
	(name of school district) Candidate for school board	
	Public or Charter School Superintendent	
	(name of school district/school) Executive Director of Education Service Cooperative	
	- Education Service Cooperative	
	Advertising and Promotion Commission member (name of cooperative)	8
	(name of advertising and promotion commission) Research Park Authority Board member under A.C.A. § 14-144-201 et seq	
	(name of research park aut	hority board)

	SECTION 2- REASON FUR FILING (continued)
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
	□ Airport board or commission
	\square Water or Sewer board or commission $N(t+H)N(t)$
	\Box Utility board or commission $////////////////////////////////////$
	□ Civil Service commission // (t) H1201(C(t)) (6
	· · · · · · · · · · · · · · · · · · ·
	SECTION 3- SOURCE OF INCOME
	List each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct.
	a) Check appropriate box: More than \$1,000 F1155 SCCUTTY BOXX
	POBOX 687, Benton, AR. 72018
	Gary Des and Regular Beck
	(name under which income received)
	Provide a brief description of the nature of the services for which the compensation was received Barry Counter and Compensation of the nature of the services for which the compensation was received
	b) Check appropriate box:
8	201 Toubelle Street, Suite 500, Pittsburgh, PA GUTU Dur Beck (address)
	(name under which income received)
	Provide a brief description of the nature of the services for which the compensation was received
	c) Check appropriate box: More than \$1,000 More than \$12,500
-	Gary Dan Beck (name of employer or source of income) Gary Dan Beck (address)
	(name under which income received)
F	Provide a brief description of the nature of the services for which the compensation was received Sciulty

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.

		(nama 1 1	nich investment held)
		(8	address)
		(name of corporat	ion, firm or enterprise)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name under w	hich investment held)
		(1	address)
		(name of corpora	tion, firm or enterprise)
e) 	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
a)	Chook annuarity		hich investment held)
			address)
			tion, firm or enterprise)
d) 	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
.r.			which investment held)
			(address)
		(name of corpora	ation, firm or enterprise)
c)	Check appropriate box:	More than \$1,000	☐ More than \$12,500
- \			which investment held)
	GaryI	U) and ked	(Address) UBCK
	PUBOX	(name of corpor	ation, firm or enterprise) QUETQUE NIN 87125
b)	Check appropriate box:	More than \$1,000	More than \$12,500
	GUTY.	DCM (1)(1 KE)	which investment held)
-	Com		(address)
	Restac		ration, firm or enterprise)
a)	Check appropriate box:	More than \$1,000	More than \$12,500

SECTION 5- OFFICE OR DIRECTORSHIP

(amount owed)

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. New Focus OF Benton AK. Inc. 1203 W Sevier (name of business, corporation, firm, or enterprise)
Benton AR. 72015 (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.) a) NOT Applicable (name of creditor) (address of creditor) (name of creditor) (address of creditor) (name of creditor) (address of creditor) SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation. (name of governmental body) (address of governmental body) (amount owed) (nature of the obligation) (name of governmental body) (address of governmental body)

(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

a) 1/0+ App/10	(name)	
	(address)	
)		
	(name)	
	(address)	
ECTION 9- GIFTS		
ntertainment, advance, service a number of exceptions to enterest prepared for use with the eimburses the person from whom the date the item was recommended.	and control of the co	uldren. The term "gift" is defined as "any payme ual or greater value has been given therefor." Thorth in the Instructions for Statement of Financia
NUT Appli	Cable	
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	(description of gift)	
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	(description of gift)	
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	(description of gift)	
(date)	(fair market value)
	(source of gift)	8.
		- 95 5000 5000
	(description of gift)	
(date		(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 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.

	(description of award)
	(description of award)
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	(source of award)
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	(description of award)
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(date)	(fair market value)
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* .	(description of award)
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(date)	(fair market value)
	(source of award)
	10
ECTION 11- NONGOVERNMENTAL SO	OURCES OF PAYMENT
ist each nongovernmental source of payment	of your evanges for feel 1.1.
hen you appear in your official canacity whe	on the expenses incurred exceed \$150.
January Will	20 Annual
Tr your outside outpacity willow	
NUT ADDICCOSE	name of person or organization paying expense)
NOT ADDICCOSE	name of person or organization paying expense)
NUT Applicable	(business address)
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(date of expense)	(business address) \$ (amount of expense) (nature of expenditure) name of person or organization paying expense) (business address)
MUT Applicable (n	(business address) \$

SECTION 12- DIRECT	REGULATION OF BUSINESS
	oloys you and is under direct regulation or subject to direct control by the governmental body which you serve.
a) NC+ Hy	DITCOLK
	(name of business)
	(governmental body which regulates or controls)
b)	
*	(name of business)
10	(governmental body which regulates or controls)
:)	
	(name of business)
	(governmental body which regulates or controls)
)	
të 85.	(name of business)
	(governmental body which regulates or controls)
Ockholder owning more than	tegory of goods or services sold by you or any business in which you or your spouse is an officer, director, or 10% of the stock of the company.
	(goods or services)
8	(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.

lang Don Bel

STATE OF ARKANSAS

Subscribed and sworn before me this 24-th

day of January

CARLA E ATKINS NOTARY PUBLIC - ARKANSAS (Legible A) LINE COUNTY

COMMISSION NO. 12722316 MY COMMISSION EXP. FEBRUARY 13, 2033

My commission expires: Feb. 3, 2033

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

IMPORTANT

Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

General Information:

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

STATEMENT OF FINANCIAL INTEREST

John 500 V Little Phone Fax (:	Woodlane Street Rock, AR 72201 e (501) 682-3548 Is this an arm e provide complete information. If the information	ion requested in a monticular	2024 JAN -9 AI	Toll Free (800) 422-7773
	g "Not Applicable" in that section. Do not leave mation to this document. Do not file this form with the section of the section.			needed, you may attach the
	FION 1- NAME AND ADDRESS	un the Arkansas Ethics Commi	ssion.	
Name	411	F by to	1	A
Addre	(Last)	(First)	10	(Middle)
	(Street or P.O. Box Number)	(City)	(State)	7 3 9 (Zip Code)
Phone	1.1.			(Zip Code)
Spous	e's name(Last)	maly		H
All na	mes under which you and/or your spouse do bus	iness:		(Middle)
	Public Official	(office held)		
	District Judge	(office sought)		
	City Attorney	(name of district)		
		(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, Se		
1	Public appointee to State Board or Commission	n		resentatives)
	School Board member	(name of board/o	commission)	
		(name of school district)		
	Candidate for school board Public or Charter School Superintendent	(name of school district)		
	Public or Charter School Superintendent (na Executive Director of Education Service Coope	me of school district/school) erative		
	Advertising and Promotion Commission memb	name of	cooperative)	
	Research Park Authority Board member under	(name of advertise	ing and promotion	nmission)
		3 1.1.17-201 et seq	(name of research	n park authority board)

SECT	TION 2- REASON FOR	FILING (continued)		
	Appointee to one of th ☐ Planning board or	ne following municipal, county or r	regional boards or commissions (list name of board or comm	ission)
	☐ Airport board or co	mmission		
	☐ Water or Sewer box	ard or commission		
	☐ Utility board or con	nmission		AND AND SOME
	☐ Civil Service comm	ission		
SECT	ION 3- SOURCE OF I			
income examp exceed	e that constitute a portion le: accountants, attorney ing \$1,000 from at least	of the gross income of the business	h you, your spouse, or any other person for the use or benefit 000. (You are not required to disclose the individual items of sor profession from which you or you spouse derives incom have to list their individual clients.) If you receive gross incorrect.	of
a) C	Check appropriate box:	☐ More than \$1,000	More than \$12,500	
	50	CAL Second employ	ver or source of income)	
Provide	e a brief description of the		hich income received) he compensation was received	
b) Che	eck appropriate box:	☐ More than \$1,000	☐ More than \$12,500	
		(name of employ	er or source of income)	
		(a	ddress)	
		(name under wh	nich income received)	
Provide	a brief description of the	nature of the services for which the	ne compensation was received	
c) Cl	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,500	
		(name of employe	er or source of income)	
		(ac	ddress)	
		(name under wh	ich income received)	
Provide	a brief description of the	nature of the services for which th		

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, f	irm or enterprise)
		(addres	s)
		(name under which ir	nvestment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fi	rm or enterprise)
		(address	3)
1		(name under which in	vestment held)
c)	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)
d)	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)
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		(name of corporation, fire	m or enterprise)
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)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, firm	m or enterprise)
-		(address)	

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. (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

	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
entertainment, advance, services, or anything of variety a number of exceptions to the definition of "ginterest prepared for use with this form. (Note: T	e estimate of the fair market value of each gift of more than \$100 received by your dependent children. The term "gift" is defined as "any paymyalue unless consideration of equal or greater value has been given therefor." Tift." Those exceptions are set forth in the Instructions for Statement of Financia The value of an item shall be considered to be less than \$100 if the public servare eceived any amount over \$100 and the reimbursement occurs within ten (10) days
	(description of gift)
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	(source of gift)
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	(description of gift)
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	(source of gift)
	(description of gift)
(date)	(fair market value)
(date)	(fair market value) (source of gift)
(date)	(source of gift)
(date)	

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.

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(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

STATE OF ARKANSAS

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

} ss

Signature

Signature

20 24

POL

day of

Notary Public

STATE OF THE STATE IN THE STATE OF THE STATE

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

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Is this an amendment? Yes No.

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SECT	TION 1- NAME AND ADDRESS	
Name	· SAMS RANDY ALIEN	
Addre	TO THE WATER DON'TON ATE	
Phone	e 50 (Street or P.O. Box Number) (City) (State) (Zip Code	;)
Spous	se's name SAMS MARLA GAV	
All na	(Last) ames under which you and/or your spouse do business: RANDY SAMS, RANDY 4. SAMS (Middle)	70
M	ARLA SAMS, MARLA & SAMS, MSAMS	OBA
SECT	TION 2- REASON FOR FILING	E P
	Public Official	COC
	Candidate SAUNE COUNTY JUSTICE OF THE PORE METERS 9	TATY O YEAR
	Oistrict Judge (office sought)	
	City Attorney	
	(name of city) State Government: Agency Head/Department Director/Division Director	
	Chief of Staff or Chief Deputy (name of agency/department/division)	
	(name of Constitutional Officer, Senate, or House of Representatives) Public appointee to State Board or Commission	
	School Board member	
	Candidate for school board	
	(name of school district) Public or Charter School Superintendent	-
٦	(name of school district/school)	
	Executive Director of Education Service Cooperative	
	(name of advertising and promotion commission) Research Park Authority Board member under A.C.A. § 14-144-201 et seq	
	(name of research park authority board)	

SECTION 2- REASON FOR F	ILING (continued)	
Appointee to one of the	following municipal, county or region	onal boards or commissions (list name of board or commission):
☐ Airport board or com	mission	
☐ Water or Sewer board	d or commission	
☐ Utility board or comm	nission	
☐ Civil Service commis	sion	
SECTION 3- SOURCE OF INC		
that constitute a portion of the gro	ome amounting to more than \$1,000. The sincome of the business or profess on tractors, etc. do not have to list the	ou, your spouse, or any other person for the use or benefit of you (You are not required to disclose the individual items of income ion from which you or you spouse derives income. For example: eir individual clients.) If you receive gross income exceeding
a) Check appropriate box: SENIOR MARKETS MANAGEMENT GROUP, LLC	More than \$1,000	More than \$12,500
3519 ESTATE DRIVE BENTON AR 72019	(name of employer	or source of income)
RANDY SAMS	(add	ress)
	(name under which	h income received)
Provide a brief description of the	nature of the services for which the c	compensation was received RETIREMENT PLANNING, INSURANCE SALES
b) Check appropriate box;	More than \$1,000	☐ More than \$12,500
3519 ESTATE DRIVE BENTON AR 72019	(name of employer	or source of income)
	(add	ress)
MARLA SAMS	(name under which	h income received)
Provide a brief description of the	the second data and in production of the second sec	compensation was received RENTAL PROPERTY
c) Check appropriate box: TRANSAMERICA PENSION PLAN	☐ More than \$1,000	More than \$12,500
PO BOX 428 CEDAR RAPIDS IA 52406-0428	(name of employer of	or source of income)
RANDY SAMS	(addr	ress)
TOTAL , UNITED	(name under which	income received)

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

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; AEGON N.V. STOCK	☐ More than \$1,000	,	More than \$12,500
CITIBANK, N.A. PO BOX 43077 PROVIDENCE RI	(name of corporation,	firm or enterprise)	
RANDY SAMS	(addre	ess)	
	(name under which	investment held)	
b) Check appropriate box:	☐ More than \$1,000		More than \$12,500
PO BOX 1555 DES MOINES IA 50306-1555	(name of corporation,	firm or enterprise)	
RANDY SAMS	(addre	ess)	
	(name under which	investment held)	
c) Check appropriate box:	☐ More than \$1,000		More than \$12,500
1216 AR-5 BENTON AR 72019	(name of corporation,	firm or enterprise)	
RANDY and MARLA SAMS	(addre	ss)	
	(name under which	investment held)	
d) Check appropriate box:	☐ More than \$1,000		More than \$12,500
1114 HIGHWAY 35 BENTON AR 72019	(name of corporation,	firm or enterprise)	
	(addre	ss)	
RANDY and MARLA SAMS	(name under which i	investment held)	
e) Check appropriate box:	☐ More than \$1,000	=	More than \$12,500
925 MILITARY ROAD BENTON AR 72015	(name of corporation,	firm or enterprise)	
MARLA SAMS	(addre	ss)	
	(name under which i	investment held)	
f) Check appropriate box:	More than \$1,000		More than \$12,500
1125 MILITARY ROAD BENTON 72015	(name of corporation,	firm or enterprise)	The second secon
RANDY and MARLA SAMS	(addre	ss)	
	(name under which i	investment held)	

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) sen	Check appropriate box: nor markets management group, LLC		More than \$1,000		More than \$12,500
3518	ESTATE DRIVE BENTON AR 72019		(name of corporation, firm or enterprise	e)	
RAN	DY SAMS		(address)	- 19 70	
			(name under which investment held)		
b) MSA	Check appropriate box:		More than \$1,000		More than \$12,500
3519	ESTATE DRIVE BENTON AR 72019		(name of corporation, firm or enterprise	:)	
RAN	DY SAMS and MARLA SAMS		(address)		
			(name under which investment held)		
c)	Check appropriate box:		More than \$1,000		More than \$12,500
			(name of corporation, firm or enterprise)	
***************************************			(address)		1
	The same of the sa		(name under which investment held)		
d)	Check appropriate box:		More than \$1,000		More than \$12,500
			(name of corporation, firm or enterprise)	
			(address)	-	
-			(name under which investment held)		
e)	Check appropriate box:		More than \$1,000		More than \$12,500
			(name of corporation, firm or enterprise)	
			(address)		
	The second of th		(name under which investment held)		
f)	Check appropriate box:		More than \$1,000		More than \$12,500
	W. Carlotte	(name of corporation, firm or enterprise)			
	**************************************		(address)		
	The same of the sa		(name under which investment held)		Westernamen and Superior Street, Advanced Advanced Street, Str

SECTION 5- OFFICE OR DIRECTORSHIP

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

	(name of business, corporation, firm, or enterprise)
3519 ESTATE DRIVE BENTON AR 72019	
PRESIDENT/SOLE PROPRIETOR	(address)
RANDY SAMS	(office or directorship held)
	(name of office holder)
b)	
	(name of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
buistanding. (This does not include d	of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still ebts owed to members of your family or loans made in the ordinary course of business by either egularly and customarily extends credit.)
a) NOT APPLICABLE	
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
c)	(address of creditor)
	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNT	'S OWED TO COVERNMENT
	ernmental body to which you are legally obligated to pay a past-due amount and a description of
NOT APPLICABLE	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

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

(source of gift)

(fair market value)

SECTION 18- 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.

	(description of award)
	(description of award)
(date)	(fair market value)
	(source of award)
b)	
	(description of award)
(date)	(fair market value)
503.65	(source of award)
3)	
	(description of award)
(date)	(fair market value)
	(source of award)
)	
	(description of award)
(date)	(fair market value)
	(source of award)
ECTION 11 NONCOVERNA	
ECTION 11- NONGOVERNMENTAL SOU	RCES OF PAYMENT
ist each nongovernmental source of payment of hen you appear in your official capacity when th	your expenses for food, lodging, or travel which bears a relationship to your offi
NOT APPLICABLE	to expenses incurred exceed \$150.
(nan	nc of person or organization paying expense)
	(business address)
(date of expense)	\$
	(amount of expense)
	(nature of expenditure)
(nam	te of person or organization paying expense)
	(business address)
(date of expense)	\$
(and or exhense)	(amount of expense)
	(nature of expenditure)

SECTION 12- DIRECT REGULATION OF BUSINESS

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve. NOT APPLICABLE (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) NOT APPLICABLE (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

State of Arkansas

County of Soline

Subscribed and sworn before me this 24

JENNIFER C. DORSEY

OFFICIAL SEAL - NOTARY PUBLIC

GARLAND COUNTY ARKANSAS

(Legible Webstanstansas)

(Legible Webstanstansas)

(Legible Webstansas)

(My commission expires: 9/202/3)

My commission expires: 9/202/3

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

IMPORTANT

Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

General Information:

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

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

This report should be filed with	the County Clerk of the county in which	endment	
Name of Candidate RANC		the election is held	
Address 3519	ESTATE DRIVE		
City, State and Zip	2 72019	Phone Number	1-249-2343
Office Sought JUSTICE OF THE PARCE	District Number	(Clerk's	File Stamp)
Does the candidate have a campaig If yes, complete the following:	gn committee? ()Yes ()No		
Name of Chairperson/Treasurer:			2 Pr
Mailing Address	Phone Number:		PROBAI 2024 J
2. Type of Election: (check only one) ☑ Primary ☐ Primary Runoff ☐ Ge ☐ Special ☐ Annual School ☐	Year of Election 2024 Peneral □ General Runoff Annual School Runoff		AN-9 I
☐ A political party as defined in Ark. Cod Assembly, the Senate, or the House ☐ Contributors to the candidate's campa	ign t from taxation under Section 501(c)(3) of t	portionment Fund) s of the Arkansas General the 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.
SUM	MARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
Balance of campaign funds at b	eginning of reporting period	100	
Interest (if any) earned on camp	aign account	100	80
6. Total Loans (enter total from line	e 13)	3,000 00	3000 00
Total Monetary Contributions (e	nter total from line 19)	5 425 00	047500
8. Total Expenditures (enter total f	rom line 28)	7, 176 67	1,248,33
Balance of campaign funds at c	lose of reporting period	1.248.33	11010133
10. If this is candidate's final report	for an election, amount of	1,210.32	13 15 15 15 15 15 15 15 15 15 15 15 15 15
remaining campaign funds or ou	utstanding indebtedness		
(use brackets to indicate debt) 11. () NO ACTIVITY (check if you have	not received contributions, loans, or made expe	enditures during this reporting perio	d)
I certify to the best of my knowledge and	belief that the information disclosed in	this report is a complete to	
financial statement of my (the candidate	's) campaign contributions and expend	ditures.	rue, and accurate
	V	(,	
	Sul a	4-	
MINIMINING THE PARTY OF THE PAR	Signature of Candidate	or Candidate's Representative	
Sworn to and subscribed before me a Novary Pub	lic, in and for Salina, County, A	rkansas, on this day of	701101 7071
(Legiculo Matagy Seal)	Notary Signature	Dain Wilk in	Son 2004
GR EN A	My Commission Expires	:11-21-35	
Note: Refaxed, motary seal mus	t be legible (i.e., either stamped of follow within ten (10) day	or raised and inked) and	the original must
	ronow within tell (10) day	/o.	

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
2/18/23	RANDY SAMS - PERSONAL FUNDS 3519 ESTATE OR BENTON AR 72019	SOLIDARI ON(S) IF ANY	3.000 °C
			5,00
	13. TOTAL LO	ANS DURING REPORTING PERIOD	\$ 3,000 00

IMPORTANT

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

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

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

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

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

14. NONMONEY CONTRIBUTIONS

Does not include volunteer services by individuals

Date of receipt	Full Name and Address of Contributor	Description of	Value of nonmoney	Cumulative Total Fron
		nonmoney item	item	This Contributor
	-			
	15. TOTAL NONMONE	Y CONTRIBUTIONS	X	
	13. TOTAL NONMONE	T CONTRIBUTIONS	Q	The Thirth County State of the County

IMPORTANT

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

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

16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

	(Use copies of	this page as needed)		
Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This
	RANDY SAMS 3519 ESTATE OR BENTON, AR 72019	SMMG FINANCIAL, LLC OWNER	General Debt	300 °E
08-07-23	RICK HOLLAND 816 LEIGH BENTON, AR 72019	RETIRED	General Debt	1,000 00
09-25-23	MIKE OUKE 603 N. MARKET	DAKE FAMILY LTD PARTHORSHIP, LILP	☑Primary ☐ Run-Off ☐General ☐ Debt	
	BENTON. AR 72015	ROAL ESTATE	500	500 =
10-12-23	RUSSELL OAKS 4217 BROWY CROSSING BENTON, AR 72015	V.P.	Primary □ Run-Off □ General □ Debt 400	400 00
0-18-23	KEUIN SAMS 2955 ST. CHARLES DR CONWAM, AR 72034	LIVE RAMP Se. Director	Primary Run-Off General Debt	250 00
10-27-23	JIM THOMAS 1137 Hwy 229-5A BENTON, AR 72019	Retiren	Primary □ Run-Off □ General □ Debt	250 00
11-9-23	SCOTT GRAY 1031 HICKORY CREEK DR ALEXANDER, ATR 72002	GRAY MEDIA CORP OWNER	©Primary □ Run-Off □ General □ Debt	500 00
2-4-23	SHANNON EVERENT 3427 ESTATE DR BENTON AR 72019	PHYACLE EXPRESS LOGISTICS	Primary □ Run-Off □ General □ Debt	1,000 00
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Co	ntributions This Page	4,2000	

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	
			□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	
IO. IUIAL	_ ITEMIZED MONETARY CONTRIBUTIONS OVER \$: _ NONITEMIZED MONETARY CONTRIBUTIONS	200	4200,00	
19. TOTAL	MONETARY CONTRIBUTIONS THIS REPORT es totals from lines 17 and 18)		\$5,425 [∞]	

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	300.00
Radio Advertising	
Newspaper Advertising	
Other Advertising	6 400 00
Office Supplies	6,478,90
Rent	
Utilities	And the second s
Telephone	
Postage	
Direct Mail	
Travel Expenses	
Entertainment	
Fundraising	111/ 20
Repayment of Loans	146.29
Returned Contributions	
Consultant Fees	
Polls	
Paid Campaign Workers	
Other (list)	
HOME DEPOT - SIGN FRAME MATERIALS BANK ACCT FEES.	200 110
BANK ACCIFEES .	208.48
	43.00
04 70741 0440	,
21. TOTAL CAMPAIGN EXPENDITURES	\$ 7.176.67

22. PAID CAMPAIGN WORKERS

NAME OF WORKER	AMOUNT PAID	gn, does not have to be full-time worker) NAME OF WORKER	AMOUNT
			PAID
		A CONTRACTOR OF THE PROPERTY O	
		3. TOTAL PAID CAMPAIGN WORKERS	R

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
OXFORD GRUPHICS 2612 GRIBBLE ST	Campaign Signs	10-17-23	\$1,010.14
N.L.R. AR 72114			1,010.11
OXFORD GRAPHICS	CAMPAIRN SIGNS	10-30-23	1
2612 BRIBBLE ST	The state of the s	10-30-63	\$1,010.14
N.L.R. AR 72114			7-10-10
Saline County Clerk	FLUNG FEE - J.P.	11 01 00	1
215 N. MAIN ST #9	FIGHE FEE -J.P.	11-06-23	\$ 300.00
BENTON, AR 72015			300.00
OXFORA GRAPHICS	CAMPAIGN SIGHS	11 00 00	1
2612 GRIBBLE ST	CHIM HIBM SIBMS	11-09-23	8400 AD
N.L.R. AR 72114			\$ 400.77
HOME DEPOT	SIGN FRAME, SUPPORT	11 2- 22	
17060 I-30	MATERIAL	11-25-23	\$ 138.65
BENTON AR 72015			130.60
VISTA PRINT	CAMPAIGN PUSH CARDS	12.01.22	1
	The state of the s	12-01-23	\$ 135.61
			100.61
VISTA PRINT	CAMPAIGH PUSH CARDS	12 02 22	+,
	The first of the same	12-03-23	\$100 17
		111	\$159.67
SURFACE STRATEGIES	CAMPAIGH RACK CARDS	12-03-23	
9008 ROLLING HILLS OR		15-03-53	\$ 225 00
ALEXANDER AR 72002			\$ 225.00
OXFORD GRAPHICS	CAMPAIGH SIGNS	12.14-23	
2612 GRIBBLE ST		16 19-65	\$ 200
N.L.R. AR 72/14			\$ 377.78
CUTDOOR MEMT. DISPLAYS, LLC	CAMPAIGN BILLBOARD ADS		
P.O. Box 91	ADS	12-18-23	\$7 000 00
ALEXANDER AR 72002			\$3,000 00
25. TOTAL ITEMIZED EXPENDITURES	THIS REPORT		\$6,757.76
26. TOTAL NONITEMIZED EXPENDITURES THIS REPORT 27. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter amount from line 23)			418. 91
28. TOTAL EXPENDITURES THIS REF	ORT (includes lines 25. 26 and	rrom line 23) 27)	\$7,176.67
			1,110.67

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
Constitution of the second		
		- Aleganina - Amazana
	Single Control of the	
	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

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

For assistance in completing
POB Athis form connect:
Arkansas Ethics Commission
Phone (501) 324-9600
Foll Free (800) 422:7572

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 _	ENGEL	COLTON	JAMES			
Address	(Last) 2516 MOUNTAIN VIEW ROAD	(First) BENTON AR	(Middle)			
Phone _	(Street or P.O. Box Number) (501) 860-8338	(City) (State)	(Zip Code)			
Spouse'	s nameENGEL	KILEY	JANE			
	(Last)	(First) business: COLTON ENGEL, C.J. ENGEL, KILEY ENGE	(M:441-)			
SECTIO	ON 2- REASON FOR FILING					
\square	Public Official SALINE COUNTY JUSTICE	OF THE PEACE, DISTRICT 9				
		(office held)				
_	Candidate					
	City Attorney					
	State Government: Agency Head/Departm	(name of city)				
	hief of Staff or Chief Deputy (name of agency/department/division)					
	Public appointee to State Board or Commi	(name of Constitutional Officer, Senate, or House of R	epresentatives)			
_	School Board member(name of board/commission)					
	Candidate for school board	(name of school district)	0.6773.003			
_	(name of school district) Public or Charter School Superintendent					
J 1	(name of school district/school) Executive Director of Education Service Cooperative					
_	Advertising and Promotion Commission member					
_		(name of advertising and promotic der A.C.A. § 14-144-201 et seq	on commission)			
		(name of re	search park authority board)			

SECTION 2- REA	SON FOR FILING (continued)		
☐ Appointee	to one of the following municipal, coung	ty or regional boards or commissions (list name of board or commission):	
☐ Airport l	board or commission		
☐ Water or	r Sewer board or commission		
☐ Utility bo	oard or commission		
☐ Civil Ser	vice commission		
SECTION 3- SOUR			
that constitute a porti- accountants, attorney	ion of the gross income of the business of	which you, your spouse, or any other person for the use or benefit of you n \$1,000. (You are not required to disclose the individual items of income or profession from which you or you spouse derives income. For example: to list their individual clients.) If you receive gross income exceeding	
a) Check appropria	ate box:	✓ More than \$12,500	
BUILDING 9501, CAMP JO	(name of ei DSEPH T. ROBINSON, NORTH LITTLE ROCK, AR	mployer or source of income)	
COLTON ENGEL		(address)	
	(name un	der which income received)	
Provide a brief descrip		nich the compensation was received EXECUTIVE DIRECTOR	
b) Check appropriate SALINE COUNTY	e box:	✓ More than \$12,500	
200 N MAIN, BENTON, AR	72015 (name of en	nployer or source of income)	
COLTON ENGEL	ENGEL (address)		
	(name und	ler which income received)	
Provide a brief descrip		ich the compensation was received JUSTICE OF THE PEACE, DISTRICT 9	
c) Check appropriat	OSPITAL	✓ More than \$12,500	
1 CHILDREN'S WAY, LITTLE	ROCK, AR 72202 (name of em	ployer or source of income)	
KILEY ENGEL		(address)	

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received SPOUSE INCOME, REGISTERED NURSE

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.

 Check appropriate box: ARKANSAS FEDERAL CREDIT UNION 	☐ More than \$1,000	v	More than \$12,500
17500 CANTRELL ROAD, LITTLE RO	OCK, AR 72223 (name of corporation	on, firm or enterprise)	
COLTON AND KILEY ENGEL	(ad	dress)	
	(name under whi	ch investment held)	
b) Check appropriate box: CIT BANK, DIVISION OF FIRST CITI	☑ More than \$1,000 ZENS BANK		More than \$12,500
75 N FAIR OAKS AVENUE, PASADE	NA, CA 91103 (name of corporation	on, firm or enterprise)	
COLTON AND KILEY ENGEL	(ade	dress)	
	(name under which	ch investment held)	
c) Check appropriate box: GOLDMAN SACHS BANK USA	☑ More than \$1,000		More than \$12,500
200 WEST ST, NEW YORK, NY 1028	(name of corporation	n, firm or enterprise)	
COLTON ENGEL	(add	lress)	
	(name under whic	h investment held)	
d) Check appropriate box: FIRST TRUST DOW 30 EQUAL WEIG	☑ More than \$1,000		More than \$12,500
120 E LIBERTY DRIVE, WHEATON, IL	(name of corporation	n, firm or enterprise)	
COLTON ENGEL	(add	ress)	
	(name under which	h investment held)	
e) Check appropriate box: FIRST TRUST S&P REIT INDEX ETF	✓ More than \$1,000		More than \$12,500
120 E LIBERTY DRIVE, WHEATON, IL 6018	(name of corporation	, firm or enterprise)	
COLTON ENGEL	(addı	ress)	
	(name under which	investment held)	
Check appropriate box:	More than \$1,000		More than \$12,500
120 E LIBERTY DRIVE, WHEATON, IL 6018	(name of corporation	, firm or enterprise)	
COLTON ENGEL	(addr	ess)	
	(name under which	investment held)	

a)	Check appropriate box:	More than \$1,000	☐ More than \$12,500
	120 E LIBERTY DRIVE, WHEATON,	(name of corporation	on, firm or enterprise)
	COLTON ENGEL		dress)
		(name under which	ch investment held)
b)	Check appropriate box: FIRST TRUST ENERGY ALPHAD	✓ More than \$1,000	☐ More than \$12,500
-	120 E LIBERTY DRIVE, WHEATON	(name of corporatio	n, firm or enterprise)
	COLTON ENGEL		lress)
		(name under which	h investment held)
c)	Check appropriate box:	More than \$1,000	☐ More than \$12,500
	120 E LIBERTY DRIVE, WHEATON,	(name of corporation	n, firm or enterprise)
	COLTON ENGEL		ress)
		(name under whic	h investment held)
d)	Check appropriate box: FIRST TRUST FINANCIALS ALPH	More than \$1,000	☐ More than \$12,500
	120 E LIBERTY DRIVE, WHEATON	, IL 60187 (name of corporation	, firm or enterprise)
	COLTON ENGEL	(add	ress)
	ALLER SERVICE PROCESSION OF THE SERVICE SERVIC	(name under which	n investment held)
e)	Check appropriate box: FIRST TRUST HEALTHCARE ALI	✓ More than \$1,000	☐ More than \$12,500
	120 E LIBERTY DRIVE, WHEATO	(name of corporation	, firm or enterprise)
	COLTON ENGEL	(addr	ess)
		(name under which	investment held)
f)	Check appropriate box: FIRST TRUST INDUSTRIAL PRO	✓ More than \$1,000 DUCER DURABLE ALPHADEX ETF	☐ More than \$12,500
	120 E LIBERTY DRIVE, WHEATON	(name of corporation	firm or enterprise)
	COLTON ENGEL	(addre	ess)
To History		(name under which	investment held)

Check appropriate box: FIRST TRUST LARGE CA	More than \$1,000 AP VALUE OPPORTUNITY ALPHADEX ETF	☐ More than \$12,500
120 E LIBERTY DRIVE, WHE	(name of corporation	on, firm or enterprise)
COLTON ENGEL	(add	lress)
	(name under which	h investment held)
b) Check appropriate box: FIRST TRUST LARGE CAP G	More than \$1,000	☐ More than \$12,500
120 E LIBERTY DRIVE, WHEA	TON, IL 60187	n, firm or enterprise)
COLTON ENGEL	(add	ress)
	(name under whice	h investment held)
c) Check appropriate box: FIRST TRUST MORNINGSTAR DI	✓ More than \$1,000 VIDEND LEADERS INDEX ETF	☐ More than \$12,500
120 E LIBERTY DRIVE, WHEATON	I, IL 60187 (name of corporation	, firm or enterprise)
COLTON ENGEL	(add	ress)
	(name under which	investment held)
d) Check appropriate box: FIRST TRUST SMALL CAP CORI	More than \$1,000	☐ More than \$12,500
120 E LIBERTY DRIVE, WHEATO	(name of corporation	, firm or enterprise)
COLTON ENGEL	(addr	ess)
	(name under which	investment held)
e) Check appropriate box: FIRST TRUST TECHNOLOGY ALF	More than \$1,000	☐ More than \$12,500
	(name of corporation,	firm or enterprise)
120 E LIBERTY DRIVE, WHEATON COLTON ENGEL	, IL 60187 (addr	ess)
JOET ON ENGEL	(name under which	investment held)
Check appropriate box:	✓ More than \$1,000	☐ More than \$12,500
111 HUNTINGTON AVENUE, BOS	(name of corporation,	firm or enterprise)
COLTON ENGEL	(addre	ess)
TOTAL LITTLE	(name under which	investment hold)

 a) Check appropriate box: MFS VALUE CL A 	✓ More than \$1,000	☐ More than \$12,500
111 HUNTINGTON AVENUE, BOS	TON, MA 02199 (name of corporation	on, firm or enterprise)
COLTON ENGEL	(ad	dress)
	(name under which	ch investment held)
b) Check appropriate box: CARNIVAL CORPORATION	☑ More than \$1,000	☐ More than \$12,500
3655 NW 87TH AVENUE, MIAMI, F	(name of corporatio	n, firm or enterprise)
COLTON ENGEL	(ado	lress)
	(name under whic	h investment held)
c) Check appropriate box: MURPHY OIL CORPORATION	☑ More than \$1,000	☐ More than \$12,500
9805 KATY FREEWAY, HOUSTON,	(name of corporation	n, firm or enterprise)
COLTON ENGEL	(add	ress)
	(name under which	investment held)
d) Check appropriate box: NORWEGIAN CRUISE LINE HOLDIN	✓ More than \$1,000	☐ More than \$12,500
7665 CORPORATE CENTER DRIVE,	(name of corporation	, firm or enterprise)
COLTON ENGEL	(addr	ess)
	(name under which	investment held)
e) Check appropriate box: ROYAL CARIBBEAN GROUP	✓ More than \$1,000	☐ More than \$12,500
1050 CARIBBEAN WAY, MIAMI, FL 33	(name of corporation,	firm or enterprise)
COLTON ENGEL	(addre	ess)
	(name under which	investment held)
Check appropriate box:	☑ More than \$1,000	☐ More than \$12,500
2702 LOVE FIELD DRIVE, DALLAS, T	(name of corporation,	firm or enterprise)
COLTON ENGEL	(addre	ss)
GOLION ENGEL		

a)	Check appropriate box: INVESCO QQQ TRUST	✓ More than \$1,000	☐ More than \$12,500	
-	1555 PEACHTREE STREET, N.E., A	(name of co	poration, firm or enterprise)	
_	COLTON ENGEL		(address)	
		(name und	er which investment held)	
b)	Check appropriate box:	☑ More than \$1,000	☐ More than \$12,500	
_	3000 SCHWAB WAY, WESTLAKE, T	(name of cor	poration, firm or enterprise)	
No.	COLTON ENGEL		(address)	
		(name und	er which investment held)	
c)	Check appropriate box: VANGUARD S&P 500 ETF	☑ More than \$1,000	☐ More than \$12,500	
	100 VANGUARD BLVD, MALVERN	(name of corp	oration, firm or enterprise)	
	COLTON ENGEL		(address)	
	The state of the s	(name unde	r which investment held)	
d)	Check appropriate box: VANGUARD TOTAL STOCK	✓ More than \$1,000	☐ More than \$12,500	
	100 VANGUARD BLVD, MALVERN,	(name of corp	pration, firm or enterprise)	
	COLTON ENGEL		(address)	
		(name unde	which investment held)	
e)	Check appropriate box: MFS GROWTH CL A	☐ More than \$1,000	✓ More than \$12,500	
1	111 HUNTINGTON AVENUE, BOSTON	(name of corp	oration, firm or enterprise)	
	KILEY ENGEL		(address)	
		(name under	which investment held)	
)	Check appropriate box: ARKANSAS CHILDREN'S STABLE FU	More than \$1,000	☐ More than \$12,500	
1	CHILDREN'S WAY, LITTLE ROCK, A	(name of corpo	ration, firm or enterprise)	
	KILEY ENGEL		(address)	
		(name under	which investment held)	

	AN ACCOUNT
50 HUDSON YARDS, NEW YORK, NY 10001	ration, firm or enterprise)
KILEY ENGEL	(address)
(name under	which investment held)
) Check appropriate box: More than \$1,000 FEDERATED HERMES US TREASURY CASH RESINST	☐ More than \$12,500
(name of corporational LIBERTY AVE, PITTSBURGH, PENNSYLVANIA, 15222	ation, firm or enterprise)
KILEY ENGEL	(address)
(name under v	which investment held)
Check appropriate box: More than \$1,000 METROPOLITAN WEST TOTAL RE BD ADMIN CL	☐ More than \$12,500
865 SOUTH FIGUEROA STREET, LOS ANGELES, CA 90017	ation, firm or enterprise)
KILEY ENGEL (address)
(name under w	which investment held)
Check appropriate box:	☐ More than \$12,500
1633 BROADWAY, NEW YORK, NY 10019 (name of corpora	tion, firm or enterprise)
KILEY ENGEL (8	address)
KILEY ENGEL	hich investment held)
(name under w	
(name under with the control of the	hich investment held)
(name under with the component of the co	hich investment held) More than \$12,500
Check appropriate box: More than \$1,000 VANGUARD INFLATION PROTECTED SECS 100 VANGUARD BLVD, MALVERN, PA 19355 (name of corporate	hich investment held) More than \$12,500 tion, firm or enterprise)
(name under with the component of the co	hich investment held) More than \$12,500 tion, firm or enterprise)
(name under w	hich investment held) More than \$12,500 tion, firm or enterprise) address) hich investment held)
(name under with the component of the co	hich investment held) More than \$12,500 tion, firm or enterprise) address) hich investment held) More than \$12,500

	TUAL R5E	✓ More than \$12,500
5300 ROBIN HOOD ROAD, NORFOL	K, VA 23513 (name of corporatio	n, firm or enterprise)
KILEY ENGEL	(add	ress)
	(name under which	h investment held)
b) Check appropriate box: AMERICAN FUNDS EUROPACIFIC	More than \$1,000	☐ More than \$12,500
5300 ROBIN HOOD ROAD, NORFOL	(name of corporation	, firm or enterprise)
KILEY ENGEL	(addi	ress)
	(name under which	n investment held)
 c) Check appropriate box: AMERICAN FUNDS FUNDAMENTAL 	More than \$1,000	☐ More than \$12,500
5300 ROBIN HOOD ROAD, NORFOL	.K, VA 23513 (name of corporation,	, firm or enterprise)
KILEY ENGEL	(addr	ess)
	(name under which	investment held)
Check appropriate box: COHEN & STEERS REALTY SHARES	✓ More than \$1,000	☐ More than \$12,500
	(name of some of	
COHEN & STEERS REALTY SHARES	(name of some of	firm or enterprise)
COHEN & STEERS REALTY SHARES	(name of corporation,	firm or enterprise)
COHEN & STEERS REALTY SHARES 1166 AVENUE OF THE AMERICAS, N KILEY ENGEL	(name of corporation, NEW YORK, NY 10036 (addre	firm or enterprise)
COHEN & STEERS REALTY SHARES 1166 AVENUE OF THE AMERICAS, N KILEY ENGEL Check appropriate box:	(name of corporation, (addre (name under which (name of corporation)	firm or enterprise) ess) investment held) More than \$12,500
COHEN & STEERS REALTY SHARES 1166 AVENUE OF THE AMERICAS, N KILEY ENGEL Check appropriate box: DFA US SMALL CAP I	(name of corporation, (addre (name under which (name of corporation)	firm or enterprise) ess) investment held) More than \$12,500 firm or enterprise)
COHEN & STEERS REALTY SHARES 1166 AVENUE OF THE AMERICAS, N KILEY ENGEL Check appropriate box: DFA US SMALL CAP I 6300 BEE CAVES RD, AUSTIN, TX 78	(name of corporation, addressed (name under which More than \$1,000 (name of corporation, addressed (name under which)	firm or enterprise) ess) investment held) More than \$12,500 firm or enterprise)
COHEN & STEERS REALTY SHARES 1166 AVENUE OF THE AMERICAS, N KILEY ENGEL Check appropriate box: DFA US SMALL CAP I 6300 BEE CAVES RD, AUSTIN, TX 78 KILEY ENGEL Check appropriate box:	(name of corporation, (address) (name under which More than \$1,000 (name of corporation, (address) (name under which i	firm or enterprise) ess) investment held) More than \$12,500 firm or enterprise) ess) nvestment held) More than \$12,500
COHEN & STEERS REALTY SHARES 1166 AVENUE OF THE AMERICAS, N KILEY ENGEL Check appropriate box: DFA US SMALL CAP I 6300 BEE CAVES RD, AUSTIN, TX 78 KILEY ENGEL Check appropriate box: GOLDMAN SACHS SMALL/MID CAP G	(name of corporation, (address) More than \$1,000 (name under which (address) (name of corporation, (address) (name under which i	firm or enterprise) ess) investment held) More than \$12,500 firm or enterprise) ess) nvestment held) More than \$12,500
COHEN & STEERS REALTY SHARES 1166 AVENUE OF THE AMERICAS, N KILEY ENGEL Check appropriate box: DFA US SMALL CAP I 6300 BEE CAVES RD, AUSTIN, TX 78 KILEY ENGEL	(name of corporation, (address) (name under which More than \$1,000 (name of corporation, (address) (name under which i	firm or enterprise) ess) investment held) More than \$12,500 firm or enterprise) ss) nvestment held) More than \$12,500 irm or enterprise)

Check appropriate box: JPMORGAN MID CAP VALUE R6	☑ More than \$1,000	0	More than \$12,500
270 PARK AVENUE, NEW YORK, NY	(name c	of corporation, firm or enterprise)	
KILEY ENGEL	10011	(address)	
	(name	e under which investment held)	
b) Check appropriate box: T. ROWE PRICE GROWTH STOCK	✓ More than \$1,000		More than \$12,500
100 EAST PRATT STREET, BALTIMOR	(name o	f corporation, firm or enterprise)	
KILEY ENGEL		(address)	
170-3100-300	(name	under which investment held)	
c) Check appropriate box: VANGUARD GROWTH INDEX I	☐ More than \$1,000	\checkmark	More than \$12,500
100 VANGUARD BLVD, MALVERN, PA	19355 (name of	f corporation, firm or enterprise)	
KILEY ENGEL		(address)	
	(name	under which investment held)	
d) Check appropriate box: VANGUARD INSTITUTIONAL INDEX I	☐ More than \$1,000	\checkmark	More than \$12,500
100 VANGUARD BLVD, MALVERN, PA	(name of	corporation, firm or enterprise)	
KILEY ENGEL		(address)	
	(name	under which investment held)	
e) Check appropriate box: VANGUARD MID CAP INDEX I	✓ More than \$1,000		More than \$12,500
100 VANGUARD BLVD, MALVERN, PA	(name of	corporation, firm or enterprise)	
KILEY ENGEL		(address)	
	(name	under which investment held)	
f) Check appropriate box: VANGUARD REAL ESTATE INDEX ADM	More than \$1,000		More than \$12,500
100 VANGUARD BLVD, MALVERN, PA	(name of	corporation, firm or enterprise)	
KILEY ENGEL		(address)	
	(name i	inder which investment hold)	

VANGUARD SMALL CAP IN		☐ More than \$12,500
100 VANGUARD BLVD, MALVERN, F	A 19355 (name of corporation	n, firm or enterprise)
KILEY ENGEL	(add	ress)
	(name under which	n investment held)
b) Check appropriate box:	More than \$1,000	
VANGUARD TOTAL INTL ST	OCK INDEX I	☐ More than \$12,500
100 VANGUARD BLVD, MALVERN, P	(name of corporation	, firm or enterprise)
KILEY ENGEL	(addr	ess)
	(name under which	investment held)
c) Check appropriate box: VANGUARD VALUE INDEX I	☐ More than \$1,000	✓ More than \$12,500
100 VANGUARD BLVD, MALVERN, P.	(name of corporation,	firm or enterprise)
KILEY ENGEL	(addre	ess)
	(name under which	investment held)
) Check appropriate box: NOT APPLICABLE	☐ More than \$1,000	☐ More than \$12,500
	(name of corporation,	firm or enterprise)
	(addres	ss)
	(name under which i	nvestment held)
Check appropriate box: NOT APPLICABLE	☐ More than \$1,000	☐ More than \$12,500
	(name of corporation, f	irm or enterprise)
	(addres	s)
	(name under which ir	ovestment held)
Check appropriate box: NOT APPLICABLE	☐ More than \$1,000	☐ More than \$12,500
	(name of corporation, fi	rm or enterprise)
	(address	
	(address	

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) NOT APPLICABLE	
(na	ame of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b) NOT APPLICABLE	
(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 thou outstanding. (This does not include debts owed financial institution or a person who regularly an	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) NOT APPLICABLE	
	(name of creditor)
b)_NOT APPLICABLE	(address of creditor)
	(name of creditor)
NOT APPLICABLE	(address of creditor)
	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED	TO GOVERNMENT
	body to which you are legally obligated to pay a past-due amount and a description of
) NOT APPLICABLE	
(name of governmental body)	(address of governmental body)
(amount owed)) NOT APPLICABLE	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

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

a)NOT APPLICABLE	
	(name)
b)_ NOT APPLICABLE	(address)
	(name)
	(address)
SECTION 9- GIFTS	
entertainment, advance, services, or anything are a number of exceptions to the definition Interest prepared for use with this form. (No reimburses the person from whom the item variety of the date the item was received.)	conable estimate of the fair market value of each gift of more than \$100 received by you 250 received by your dependent children. The term "gift" is defined as "any payment, g of value unless consideration of equal or greater value has been given therefor." Ther of "gift." Those exceptions are set forth in the Instructions for Statement of Financial ote: The value of an item shall be considered to be less than \$100 if the public servant was received any amount over \$100 and the reimbursement occurs within ten (10) days
a) NOT APPLICABLE	
	(description of gift)
(date)	(fair market value)
	(source of gift)
)_NOT APPLICABLE	
	(description of gift)
(date)	(fair market value)
	(source of gift)
NOT APPLICABLE	
	(description of gift)
(date)	(fair market value)
	(source of gift)
NOT APPLICABLE	
	(description of gift)
(date)	(fair market value)
NOT APPLICABLE	(source of gift)
	(description of gift)
(date)	(fair market value)
	(source of gift)
	(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) NOT APPLICABLE	
	(description of award)
(date)	(fair market value)
	(source of award)
b) NOT APPLICABLE	9
	(description of award)
(date)	(fair market value)
	(source of award)
c) NOT APPLICABLE	*****
	(description of award)
(date)	(fair market value)
	(source of award)
d)_ NOT APPLICABLE	
	(description of award)
(date)	(fair market value)
	(source of award)
SECTION 11- NONGOVERNMENTAL SOU	RCES OF PAYMENT
when you appear in your official capacity when tr	your expenses for food, lodging, or travel which bears a relationship to your office the expenses incurred exceed \$150.
a) NOT APPLICABLE	
(nan	ne of person or organization paying expense)
	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)
) NOT APPLICABLE	
(nam	ne of person or organization paying expense)
	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)
	(nature of expenditure)

SECTION 12- DIRECT REGULATION OF BUSINESS

	(name of business)
	CONTROL AND ADDRESS OF THE STATE OF THE STAT
	(governmental body which regulates or controls)
b) NOT APPLICABLE	
	(name of business)
	(governmental body which regulates or controls)
c)_NOT APPLICABLE	
	(name of business)
	(governmental body which regulates or controls)
) NOT APPLICABLE	e controls)
/ see of the las	(name of business)
	(governmental body which regulates or controls)
NOT ADDITION TO	vernmental body for which you serve which have a total annual value in excess of \$1,000. List the goods or services sold by you or any business in which you or your spouse is an officer, director, he stock of the company.
	(goods or services)
	the stock of the company. (goods or services)
) NOT APPLICABLE	(goods or services) (governmental body to whom sold)
) NOT APPLICABLE	the stock of the company. (goods or services)
) NOT APPLICABLE	(goods or services) (governmental body to whom sold)
) NOT APPLICABLE	(goods or services) (governmental body to whom sold) (compensation paid)
) NOT APPLICABLE	(goods or services) (goods or services) (goods or services) (goods or services)
NOT APPLICABLE NOT APPLICABLE	(goods or services)
NOT APPLICABLE NOT APPLICABLE	(goods or services)
NOT APPLICABLE NOT APPLICABLE	(goods or services)
NOT APPLICABLE NOT APPLICABLE	(goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (goods or services) (goods or services)
NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE	(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)
NOT APPLICABLE NOT APPLICABLE	(goods or services) (goods or services) (goods or services) (goods or services) (governmental body to whom sold) (goods or services) (governmental body to whom sold) (compensation paid) (compensation paid) (goods or services) (goods or services) (goods or services)

SECTION 14- SIGNATURE

State of Arkansas

County of Saline

Subscribed and sworn before me this

Jennifer C. Dorsey

Official Seal - Notary Public Garland County Arkansas
(Legible Notamy Selfon #12716295

My commission expires:

My commission expires:

Are above information is true and correct.

Signature

Signature

Signature

Aday of January .20 24

Legible Notary Public County Arkansas

(Legible Notary Public Selfon #12716295

My commission expires:

My commission expires:

Are above information is true and correct.

Signature

Signature

Aday of January .20 24

Legible Notary Public County Arkansas

(Legible Notary Public Selfon #12716295

My commission expires:

Are above information is true and correct.

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

IMPORTANT

Where to file:

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

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

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

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

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

District judges file with the Secretary of State.

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

General Information:

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

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

Check if this report is an amendment

This report should be filed wi	th the County Clerk of the county in which t	he election is held	
Name of Candidate COLTON	"C. I." ENGEL	ne election is neig	
Address			
2516 MOUNTAIN VIEW F	ROAD		
City, State and Zip		Phone Number:	
BENTON, AR			1) 860-8338
Office Sought	District Number	(Clerk's	File Stamp)
SALINE COUNTY JUSTICE OF THE PEACE	9		CD
If yes, complete the following:	aign committee? ()Yes (X)No		7 202
Name of Chairperson/Treasurer:		_	PROBATE 2024 JA
Mailing Address	Phone Number:		SALINE COLUMN 25
2. Type of Election: (check only one)	Year of Election 2024	_	PM 3: 43
☑ Primary ☐ Primary Runoff ☐ (General Runoff		ω 35
☐ Special ☐ Annual School	☐ Annual School Runoff		1 :-
Assembly, the Senate, or the Hous Contributors to the candidate's came	paign not from taxation under Section 501(c)(3) of the	f the Arkansas General for the Arkansas General for the following	campaign funds is not required and the candidate may carry forward any remaining campaign funds to the lection in the cycle for that same office.
SU	MMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at	beginning of reporting period	\$0.00	
5. Interest (if any) earned on cam		\$0.00	\$0.00
6. Total Loans (enter total from li	ne 13)	\$0.00	\$0.00
 Total Monetary Contributions (Total Expenditures (enter total 	from line 29)	\$2,440.00	\$2,440.00
Balance of campaign funds at	close of reporting period	\$370.30 \$2,069.70	\$370.30
10. If this is candidate's final repor	t for an election, amount of	\$2,009.70	
remaining campaign funds or of (use brackets to indicate debt)	outstanding indebtedness		
11. () NO ACTIVITY (check if you have	ve not received contributions, loans, or made expendi	tures during this reporting period	d)
	nd belief that the information disclosed in the		
financial statement of my (the candidat	te's) campaign contributions and expendit,	ris repert is a complete, tr	ue, and accurate
		1	
	(. l	(20	
	Signature of Candidate or	Candidate's Representative	A
OFFICE OF THE COUNTY ARKANS GARLAND COUNTY ARKANS COMMISSION #1271629	BLIC Notary Signature Notary Signature	insas, on this 5 day of Go	Dorsay
Note: If faxed, notary seal mu	St be legible (i.e., either stamped or	raised and inked) and	the original must
	follow within ten (10) days.		

12. LOAN INFORMATION

Please Type or Print Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	ANGUNT
		COLUMN TO THE THE THE	AMOUNT
LTCC LTCC	13 TOTAL LO	ANS DURING REPORTING PERIOD	
	13. TOTAL LOA	AND DUKING 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

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	Value of nonmoney	Cumulative Total Fron
		nonmoney item	item	This Contributor
			- 463	
			0,000	
	15. TOTAL NONMONE	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

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This
10.4.2023	Larry Davis 325 Gathering House Road Benton AR 72015	Retired	☑Primary ☐ Run-Off ☐General ☐ Debt \$500.00	\$500.00
11.4.2023	Leroy Engel 610 Verona Avenue Sherwood, AR 72120	Retired	☑Primary ☐ Run-Off ☐General ☐ Debt \$200.00	\$200.00
11.6.2023	J.R. Walters 13223 E Polk Road Alexander, AR 72002	Retired	☑Primary ☐ Run-Off ☐General ☐ Debt \$200.00	\$200.00
11.7.2023	Casey Wright 210 Baker Road Glenwood, AR	Owner Wright's Food Center	☑Primary ☐ Run-Off ☐General ☐ Debt \$500.00	\$500.00
11.11.2023	Lindsey Ray 608 Edswood Road Little Rock, AR	Homemaker	☑Primary ☐ Run-Off ☐General ☐ Debt \$250.00	\$250.00
11.15.2023	Pat Engel 3000 Angel Lane Sherwood, AR 72120	Retail Specialist Empire Foods	☑Primary ☐ Run-Off ☐General ☐ Debt \$200.00	\$200.00
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	eler Habit Eler
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Co	entributions This Page	\$1,850.00	

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 \$1,850.00 19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT \$590.00 (includes totals from lines 17 and 18) \$2,440.00

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

20. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY		TOTAL ABSOLUTE
Filing Fee		\$360.00
Television Advertising		\$360.00
Radio Advertising		
Newspaper Advertising		
Other Advertising		
Office Supplies		
Rent		
Utilities		
Telephone		
Postage		
Direct Mail		
Travel Expenses		
Entertainment		
Fundraising		£40.00
Repayment of Loans		\$10.30
Returned Contributions		
Consultant Fees		
Polls		
Paid Campaign Workers		
Other (list)		
21.	TOTAL CAMPAIGN EXPENDITURES	#070.00
	TOTAL CAMIFAIGIN EXPENDITURES	\$370.30

22. PAID CAMPAIGN WORKERS

NAME OF WORKER	AMOUNT	ign, does not have to be full-time worker) NAME OF WORKER	AMOUNT
	PAID	THE OF FIGURER	
			PAID
a. mo tra vertra socialista in tra			
			T 142 See 4
		3. TOTAL PAID CAMPAIGN WORKE	

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall current AS OF 08/01/2023

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 Description of Expenditure		
Saline County Republican Committee		Date of Expenditure	Amount of Expenditure
Saline County Republican Committee 125 N Market Street Benton, AR 72015	Filing Fee	11.08.2023	\$360.00
TOTAL ITEMIZED EVOLUTION			
5. TOTAL ITEMIZED EXPENDITURES THIS REPORT			\$360.00
5. TOTAL NONITEMIZED EXPENDITU	RES THIS REPORT		\$10.30
TOTAL PAID CAMPAIGN WORKER	S THIS REPORT (enter amount	from line 23)	
B. TOTAL EXPENDITURES THIS REPO	DKT (includes lines 25, 26 and 2	27)	\$370.30

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

The state of the s	CURRENT BALANCE
DESCRIPTION OF DEBT	CURRENT BALANCE
	7. 1
	Control of the contro
	TIGIK. Y
30. TOTAL DEBT	

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall current as OF 08/01/2023