

STATEMENT OF FINANCIAL INTEREST

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

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

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

Is this an amendment? Yes No

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

SECTION 1- NAME AND ADDRESS

Name Beck Gary Don
(Last) (First) (Middle)
Address PO BOX 21 Benton AR. 72018-0021
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-317-2089
Spouse's name Beck Regina Kay
(Last) (First) (Middle)

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

New Focus of Benton, AR, Inc. 501-C3

SECTION 2- REASON FOR FILING

- Public Official _____
- Candidate Saline County JP District 8
(office held) (office sought)
- District Judge _____
(name of district)
- City Attorney _____
(name of city)
- State Government: Agency Head/Department Director/Division Director _____
(name of agency/department/division)
- Chief of Staff or Chief Deputy _____
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission _____
(name of board/commission)
- School Board member _____
(name of school district)
- Candidate for school board _____
(name of school district)
- Public or Charter School Superintendent _____
(name of school district/school)
- Executive Director of Education Service Cooperative _____
(name of cooperative)
- Advertising and Promotion Commission member _____
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____
(name of research park authority board)

FILED
SALINE COUNTY CLERK
NOV 24 11:04 45
BENTON AR

SECTION 2- REASON FOR FILING (continued)

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
 - Planning board or commission NOT APPLICABLE
 - Airport board or commission NOT APPLICABLE
 - Water or Sewer board or commission NOT APPLICABLE
 - Utility board or commission NOT APPLICABLE
 - Civil Service commission NOT APPLICABLE

SECTION 3- SOURCE OF INCOME

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

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

First Security Bank
(name of employer or source of income)
P.O. BOX 687, Benton, AR. 72018
(address)
Gary Dan and Regina Beck
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received BANK COUNTER and CSR/TELLER

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

Alcoa Retirement
(name of employer or source of income)
201 Isabella Street, Suite 500, Pittsburgh, PA
(address)
Gary Dan Beck
(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

SOCIAL SECURITY
(name of employer or source of income)
500 W. CAPITAL AVE LITTLE ROCK, AR. 72201
(address)
Gary Dan Beck
(name under which income received)

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

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

Rental Property Income

(name of corporation, firm or enterprise)

GARY DAN AND REGINA BECK

(address)
(name under which investment held)

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

Fidelity Investments (401k)

(name of corporation, firm or enterprise)

PO BOX 28016 ALBUQUERQUE, NM 87125

GARY DAN AND REGINA BECK

(address)
(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 5- OFFICE OR DIRECTORSHIP

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

a) New Focus of Benton, AR, INC.
(name of business, corporation, firm, or enterprise)
1203 W. Sevier, Benton, AR. 72015
(address)
manager
(office or directorship held)
Gary Don Beck
(name of office holder)

b) _____
(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

SECTION 6- CREDITORS

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

a) NOT APPLICABLE
(name of creditor)

(address of creditor)
b) _____
(name of creditor)

(address of creditor)
c) _____
(name of creditor)

(address of creditor)

SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

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

a) NOT APPLICABLE
(name of governmental body) (address of governmental body)

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

(amount owed) (nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

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

- a) NOT APPLICABLE
_____ (name)
_____ (address)
- b) _____ (name)
_____ (address)

SECTION 9- GIFTS

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

- a) NOT APPLICABLE
_____ (description of gift)
_____ (date) _____ (fair market value)
_____ (source of gift)
- b) _____ (description of gift)
_____ (date) _____ (fair market value)
_____ (source of gift)
- c) _____ (description of gift)
_____ (date) _____ (fair market value)
_____ (source of gift)
- d) _____ (description of gift)
_____ (date) _____ (fair market value)
_____ (source of gift)
- e) _____ (description of gift)
_____ (date) _____ (fair market value)
_____ (source of gift)

SECTION 10- AWARDS

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

a) NOT APPLICABLE

(description of award)

(date) _____ (fair market value)

(source of award)

b) _____

(description of award)

(date) _____ (fair market value)

(source of award)

c) _____

(description of award)

(date) _____ (fair market value)

(source of award)

d) _____

(description of award)

(date) _____ (fair market value)

(source of award)

SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT

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

a) NOT APPLICABLE

(name of person or organization paying expense)

(business address)

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

(nature of expenditure)

b) _____

(name of person or organization paying expense)

(business address)

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

(nature of expenditure)

SECTION 12- DIRECT REGULATION OF BUSINESS

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

a) NOT APPLICABLE
(name of business)

(governmental body which regulates or controls)

b) _____
(name of business)

(governmental body which regulates or controls)

c) _____
(name of business)

(governmental body which regulates or controls)

d) _____
(name of business)

(governmental body which regulates or controls)

SECTION 13- SALES TO GOVERNMENTAL BODY

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

a) NOT APPLICABLE
(goods or services)

(governmental body to whom sold)

(compensation paid)

b) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

c) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

d) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

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

Jay Don Bell
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 24th day of January, 2024.

CARLA E ATKINS
NOTARY PUBLIC - ARKANSAS
(Legible Name Only)
COMMISSION NO. 12722316
MY COMMISSION EXP. FEBRUARY 13, 2033

Carla E Atkins
Notary Public

My commission expires: Feb. 13, 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

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

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

FILED
SALINE COUNTY
PROBATE & COUNTY CLERK
2024 JAN -9 AM 9:08
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 BY RW

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 Albares Edward A
(Last) (First) (Middle)
Address 1906 FOX TRAIL Baton AR 72019
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501 317 0079
Spouse's name Albares Mary H
(Last) (First) (Middle)
All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official JP #9
(office held)
- Candidate _____
(office sought)
- District Judge _____
(name of district)
- City Attorney _____
(name of city)
- State Government: Agency Head/Department Director/Division Director _____
(name of agency/department/division)
- Chief of Staff or Chief Deputy _____
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission _____
(name of board/commission)
- School Board member _____
(name of school district)
- Candidate for school board _____
(name of school district)
- Public or Charter School Superintendent _____
(name of school district/school)
- Executive Director of Education Service Cooperative _____
(name of cooperative)
- Advertising and Promotion Commission member _____
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____
(name of research park authority board)

SECTION 2- REASON FOR FILING (continued)

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

SECTION 3- SOURCE OF INCOME

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

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

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

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

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

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

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

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

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

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

SECTION 4- BUSINESS OR HOLDINGS

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

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 14- SIGNATURE

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

Edward A. Olson
Signature

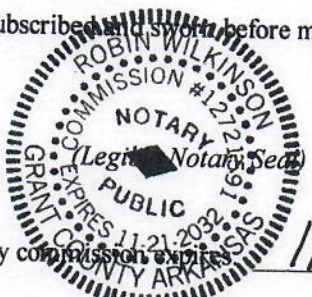
STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn to before me this 9th day of January, 2024.

Robin Wilkinson
Notary Public

My commission expires 11-21-32



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

IMPORTANT

Where to file:

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this form contact:
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Is this an amendment? Yes No

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SECTION 1- NAME AND ADDRESS

Name SAMS RANDY ALLEN
(Last) (First) (Middle)
Address 3519 ESTATE DRIVE BENTON AR 72019
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-249-2343
Spouse's name SAMS MARLA GAY
(Last) (First) (Middle)

All names under which you and/or your spouse do business: RANDY SAMS, RANDY A. SAMS
MARLA SAMS, MARLA G SAMS, MSAMS

SECTION 2- REASON FOR FILING

- Public Official _____
(office held)
- Candidate SALINE COUNTY JUSTICE OF THE PEACE DISTRICT 9
(office sought)
- District Judge _____
(name of district)
- City Attorney _____
(name of city)
- State Government: Agency Head/Department Director/Division Director _____
(name of agency/department/division)
- Chief of Staff or Chief Deputy _____
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission _____
(name of board/commission)
- School Board member _____
(name of school district)
- Candidate for school board _____
(name of school district)
- Public or Charter School Superintendent _____
(name of school district/school)
- Executive Director of Education Service Cooperative _____
(name of cooperative)
- Advertising and Promotion Commission member _____
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____
(name of research park authority board)

FILED
SALINE COUNTY
PROBATE & COUNTY CLERK
JAN 24 PM 1:33

SECTION 2- REASON FOR FILING (continued)

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

SECTION 3- SOURCE OF INCOME

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

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

SENIOR MARKETS MANAGEMENT GROUP, LLC
3519 ESTATE DRIVE BENTON AR 72019

(name of employer or source of income)

(address)
RANDY SAMS

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received RETIREMENT PLANNING, INSURANCE SALES

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

MSAMS, LLC
3519 ESTATE DRIVE BENTON AR 72019

(name of employer or source of income)

(address)
MARLA SAMS

(name under which income received)

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

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

TRANSAMERICA PENSION PLAN
PO BOX 428 CEDAR RAPIDS IA 52406-0428

(name of employer or source of income)

(address)
RANDY SAMS

(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: More than \$1,000 More than \$12,500

AEGON N.V. STOCK

(name of corporation, firm or enterprise)

CITIBANK, N.A. PO BOX 43077 PROVIDENCE RI 02940-3077

(address)

RANDY SAMS

(name under which investment held)

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

ATHENE PERSONAL ANNUITY

(name of corporation, firm or enterprise)

PO BOX 1555 DES MOINES IA 50306-1555

(address)

RANDY SAMS

(name under which investment held)

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

BANK OZK

(name of corporation, firm or enterprise)

1216 AR-5 BENTON AR 72019

(address)

RANDY and MARLA SAMS

(name under which investment held)

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

ARKANSAS FEDERAL CREDIT UNION

(name of corporation, firm or enterprise)

1114 HIGHWAY 35 BENTON AR 72019

(address)

RANDY and MARLA SAMS

(name under which investment held)

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

ARVEST

(name of corporation, firm or enterprise)

925 MILITARY ROAD BENTON AR 72015

(address)

MARLA SAMS

(name under which investment held)

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

ALCOA COMMUNITY FEDERAL CREDIT UNION

(name of corporation, firm or enterprise)

1125 MILITARY ROAD BENTON 72015

(address)

RANDY and MARLA SAMS

(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500

SENIOR MARKETS MANAGEMENT GROUP, LLC

(name of corporation, firm or enterprise)

3519 ESTATE DRIVE BENTON AR 72019

(address)

RANDY SAMS

(name under which investment held)

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

MSAMS, LLC

(name of corporation, firm or enterprise)

3519 ESTATE DRIVE BENTON AR 72019

(address)

RANDY SAMS and MARLA SAMS

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 5- OFFICE OR DIRECTORSHIP

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

a) SENIOR MARKETS MANAGEMENT GROUP, LLC
3519 ESTATE DRIVE BENTON AR 72019
PRESIDENT/SOLE PROPRIETOR
RANDY SAMS

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

b) _____

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

SECTION 6- CREDITORS

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

a) NOT APPLICABLE

(name of creditor)
(address of creditor)

b) _____

(name of creditor)
(address of creditor)

c) _____

(name of creditor)
(address of creditor)

SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

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

a) NOT APPLICABLE

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

b) _____

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

SECTION 8- GUARANTOR OR CO-MAKER

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

a) NOT APPLICABLE

(name)

(address)

b)

(name)

(address)

SECTION 9- GIFTS

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

a) NOT APPLICABLE

(description of gift)

(date)

(fair market value)

(source of gift)

b)

(description of gift)

(date)

(fair market value)

(source of gift)

c)

(description of gift)

(date)

(fair market value)

(source of gift)

d)

(description of gift)

(date)

(fair market value)

(source of gift)

e)

(description of gift)

(date)

(fair market value)

(source of gift)

SECTION 10- AWARDS

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

a) NOT APPLICABLE

_____ (description of award)
_____ (date) _____ (fair market value)
_____ (source of award)

b)

_____ (description of award)
_____ (date) _____ (fair market value)
_____ (source of award)

c)

_____ (description of award)
_____ (date) _____ (fair market value)
_____ (source of award)

d)

_____ (description of award)
_____ (date) _____ (fair market value)
_____ (source of award)

SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT

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

a) NOT APPLICABLE

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

b)

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

SECTION 12- DIRECT REGULATION OF BUSINESS

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

a) **NOT APPLICABLE**

(name of business)

(governmental body which regulates or controls)

b)

(name of business)

(governmental body which regulates or controls)

c)

(name of business)

(governmental body which regulates or controls)

d)

(name of business)

(governmental body which regulates or controls)

SECTION 13- SALES TO GOVERNMENTAL BODY

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

a) **NOT APPLICABLE**

(goods or services)

(governmental body to whom sold)

b)

(compensation paid)

(goods or services)

(governmental body to whom sold)

c)

(compensation paid)

(goods or services)

(governmental body to whom sold)

d)

(compensation paid)

(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 14- SIGNATURE

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

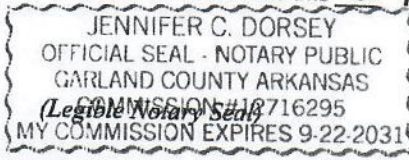
Kathy S

Signature

STATE OF ARKANSAS

COUNTY OF Saline) ss

Subscribed and sworn before me this 24 day of January, 2024.



Jennifer C Dorsey

Notary Public

My commission expires: 9/22/31

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

IMPORTANT

Where to file:

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

General Information:

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

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: RANDY SAMS
 Address: 3519 ESTATE DRIVE
 City, State and Zip: BENTON, AR 72019 Phone Number: 501-249-2343
 Office Sought: JUSTICE OF THE PEACE District Number: 9
 Does the candidate have a campaign committee? () Yes () No
 If yes, complete the following:
 Name of Chairperson/Treasurer: _____
 Mailing Address: _____ Phone Number: _____

(Clerk's File Stamp)

FILED
 SALINE COUNTY
 PROBATE & COUNTY CLERK
 2024 JAN -9 PM:34
 BY RWC

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? (07 / 01 / 23) through (12 / 31 / 23)
 Annual report
 Preelection report
 Final report (check method by which remaining campaign funds were disposed)*
 Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)
 A political party as defined in Ark. Code Ann. § 7-1-101 or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives
 Contributors to the candidate's campaign
 A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code
 Cities of the first class, cities of the second class, or incorporated towns
 Supplemental Report

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

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at beginning of reporting period	<u>0</u>	<u>0</u>
5. Interest (if any) earned on campaign account	<u>0</u>	<u>0</u>
6. Total Loans (enter total from line 13)	<u>3,000.00</u>	<u>3,000.00</u>
7. Total Monetary Contributions (enter total from line 19)	<u>5,425.00</u>	<u>8,425.00</u>
8. Total Expenditures (enter total from line 28)	<u>7,176.67</u>	<u>1,248.33</u>
9. Balance of campaign funds at close of reporting period	<u>1,248.33</u>	
10. If this is candidate's final report for an election, amount of remaining campaign funds or outstanding indebtedness (use brackets to indicate debt)		

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

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

Randy Sams
 Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for Saline County, Arkansas, on this 9th day of January, 2024.

Robin Wilkinson
 Notary Signature

My Commission Expires: 11-21-35



Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

12. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
12/18/23	RANDY SAMS - PERSONAL FUNDS 3519 ESTATE DR BENTON AR 72019		3,000 ⁰⁰
13. TOTAL LOANS DURING REPORTING PERIOD			\$ 3,000⁰⁰

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
15. TOTAL NONMONEY CONTRIBUTIONS			0	

IMPORTANT

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

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

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.

16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

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

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
07-01-23	RANDY SAMMS 3519 ESTATE DR BENTON, AR 72019	SMING FINANCIAL, LLC OWNER	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 300 ⁰⁰	300 ⁰⁰
08-07-23	RICK HOLLAND 816 LEIGH BENTON, AR 72019	RETIRED	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 1,000 ⁰⁰	1,000 ⁰⁰
09-25-23	MIKE DUKE 603 N. MARKET BENTON, AR 72015	DUKE FAMILY LTD PARTNERSHIP, LLLP REAL ESTATE	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 500 ⁰⁰	500 ⁰⁰
10-12-23	RUSSELL OAKS 4217 BROAD CROSSING BENTON, AR 72015	OAKS BROTHERS, INC V.P.	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 400 ⁰⁰	400 ⁰⁰
10-18-23	KEVIN SAMMS 2955 ST. CHARLES DR CONWAY, AR 72034	LIVE RAMP SR. DIRECTOR	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 250 ⁰⁰	250 ⁰⁰
10-27-23	JIM THOMAS 1137 Hwy 229-5A BENTON, AR 72019	RETIRED	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 250 ⁰⁰	250 ⁰⁰
11-9-23	SCOTT GRAY 1031 HICKORY CREEK DR ALEXANDER, AR 72002	GRAY MEDIA CORP OWNER	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 500 ⁰⁰	500 ⁰⁰
12-4-23	SHANNON EVERETT 3427 ESTATE DR BENTON AR 72019	PINNACLE EXPRESS LOGISTICS	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt 1000 ⁰⁰	1,000 ⁰⁰
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
Subtotal of Contributions This Page			4,200⁰⁰	

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

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200			4200.00	
18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS			1225.00	
19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 17 and 18)			\$ 5,425.00	

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.

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 GRAPHICS 2612 GRIBBLE ST N.L.R. AR 72114	CAMPAIGN SIGNS	10-17-23	\$1,010.14
OXFORD GRAPHICS 2612 GRIBBLE ST N.L.R. AR 72114	CAMPAIGN SIGNS	10-30-23	\$1,010.14
SALINE COUNTY CLERK 215 N. MAIN ST #9 BENTON, AR 72015	FILING FEE - J.P.	11-06-23	\$300.00
OXFORD GRAPHICS 2612 GRIBBLE ST N.L.R. AR 72114	CAMPAIGN SIGNS	11-09-23	\$400.77
HOME DEPOT 17060 I-30 BENTON AR 72015	SIGN FRAME, SUPPORT MATERIAL	11-25-23	\$138.65
VISTA PRINT	CAMPAIGN PUSH CARDS	12-01-23	\$135.61
VISTA PRINT	CAMPAIGN PUSH CARDS	12-03-23	\$159.67
SURFACE STRATEGIES 9008 ROLLING HILLS DR ALEXANDER AR 72002	CAMPAIGN RACK CARDS	12-03-23	\$225.00
OXFORD GRAPHICS 2612 GRIBBLE ST N.L.R. AR 72114	CAMPAIGN SIGNS	12-14-23	\$377.78
OUTDOOR MGMT. DISPLAYS, LLC P.O. Box 91 ALEXANDER AR 72002	CAMPAIGN BILLBOARD ADS	12-18-23	\$3,000.00
25. TOTAL ITEMIZED EXPENDITURES THIS REPORT			\$6,757.76
26. TOTAL NONITEMIZED EXPENDITURES THIS REPORT			418.91
27. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter amount from line 23)			-0-
28. TOTAL EXPENDITURES THIS REPORT (includes lines 25, 26 and 27)			\$7,176.67

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

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

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 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 upon conviction be guilty of a Class A misdemeanor.
 CURRENT AS OF 08/01/2023

STATEMENT OF FINANCIAL INTEREST

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

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

FILED
PROBATE & COUNTY CLERK
For assistance in completing
this form contact:
Arkansas Ethics Commission
Phone (501) 324-9600
Toll Free (800) 422-7572
2024

Is this an amendment? Yes No

BY _____

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	<u>ENGEL</u>	<u>COLTON</u>	<u>JAMES</u>
	(Last)	(First)	(Middle)
Address	<u>2516 MOUNTAIN VIEW ROAD</u>	<u>BENTON</u>	<u>AR</u>
	(Street or P.O. Box Number)	(City)	(State)
Phone	<u>(501) 860-8338</u>		<u>72019</u>
			(Zip Code)
Spouse's name	<u>ENGEL</u>	<u>KILEY</u>	<u>JANE</u>
	(Last)	(First)	(Middle)
All names under which you and/or your spouse do business:	<u>COLTON ENGEL, C.J. ENGEL, KILEY ENGEL</u>		

SECTION 2- REASON FOR FILING

- Public Official SALINE COUNTY JUSTICE OF THE PEACE, DISTRICT 9
(office held)
- Candidate _____
(office sought)
- District Judge _____
(name of district)
- City Attorney _____
(name of city)
- State Government: Agency Head/Department Director/Division Director _____
(name of agency/department/division)
- Chief of Staff or Chief Deputy _____
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission _____
(name of board/commission)
- School Board member _____
(name of school district)
- Candidate for school board _____
(name of school district)
- Public or Charter School Superintendent _____
(name of school district/school)
- Executive Director of Education Service Cooperative _____
(name of cooperative)
- Advertising and Promotion Commission member _____
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____
(name of research park authority board)

SECTION 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
ARKANSAS FEDERAL CREDIT UNION

17500 CANTRELL ROAD, LITTLE ROCK, AR 72223 (name of corporation, firm or enterprise)

COLTON AND KILEY ENGEL (address)

(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
CIT BANK, DIVISION OF FIRST CITIZENS BANK

75 N FAIR OAKS AVENUE, PASADENA, CA 91103 (name of corporation, firm or enterprise)

COLTON AND KILEY ENGEL (address)

(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
GOLDMAN SACHS BANK USA

200 WEST ST, NEW YORK, NY 10282 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST DOW 30 EQUAL WEIGHT ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST S&P REIT INDEX ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST NASDAQ 100 EQUAL WEIGHT INDEX ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500

FIRST TRUST CAP STRENGTH ETF

(name of corporation, firm or enterprise)

120 E LIBERTY DRIVE, WHEATON, IL 60187

(address)

COLTON ENGEL

(name under which investment held)

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

FIRST TRUST ENERGY ALPHADEX ETF

(name of corporation, firm or enterprise)

120 E LIBERTY DRIVE, WHEATON, IL 60187

(address)

COLTON ENGEL

(name under which investment held)

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

FIRST TRUST CONSUMER DISCRETIONARY ALPHADEX ETF

(name of corporation, firm or enterprise)

120 E LIBERTY DRIVE, WHEATON, IL 60187

(address)

COLTON ENGEL

(name under which investment held)

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

FIRST TRUST FINANCIALS ALPHADEX ETF

(name of corporation, firm or enterprise)

120 E LIBERTY DRIVE, WHEATON, IL 60187

(address)

COLTON ENGEL

(name under which investment held)

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

FIRST TRUST HEALTHCARE ALPHADEX ETF

(name of corporation, firm or enterprise)

120 E LIBERTY DRIVE, WHEATON, IL 60187

(address)

COLTON ENGEL

(name under which investment held)

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

FIRST TRUST INDUSTRIAL PRODUCER DURABLE ALPHADEX ETF

(name of corporation, firm or enterprise)

120 E LIBERTY DRIVE, WHEATON, IL 60187

(address)

COLTON ENGEL

(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST LARGE CAP VALUE OPPORTUNITY ALPHADEX ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST LARGE CAP GROWTH OPPORTUNITY ALPHADEX ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST MORNINGSTAR DIVIDEND LEADERS INDEX ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST SMALL CAP CORE ALPHADEX ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
FIRST TRUST TECHNOLOGY ALPHADEX ETF

120 E LIBERTY DRIVE, WHEATON, IL 60187 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
MFS GROWTH CL A

111 HUNTINGTON AVENUE, BOSTON, MA 02199 (name of corporation, firm or enterprise)

COLTON ENGEL (address)

(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500
MFS VALUE CL A
111 HUNTINGTON AVENUE, BOSTON, MA 02199 (name of corporation, firm or enterprise)
COLTON ENGEL (address)
COLTON ENGEL (name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
CARNIVAL CORPORATION
3655 NW 87TH AVENUE, MIAMI, FL 33178 (name of corporation, firm or enterprise)
COLTON ENGEL (address)
COLTON ENGEL (name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
MURPHY OIL CORPORATION
9805 KATY FREEWAY, HOUSTON, TX 77024 (name of corporation, firm or enterprise)
COLTON ENGEL (address)
COLTON ENGEL (name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
NORWEGIAN CRUISE LINE HOLDINGS
7665 CORPORATE CENTER DRIVE, MIAMI, FL 33126 (name of corporation, firm or enterprise)
COLTON ENGEL (address)
COLTON ENGEL (name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
ROYAL CARIBBEAN GROUP
1050 CARIBBEAN WAY, MIAMI, FL 33132 (name of corporation, firm or enterprise)
COLTON ENGEL (address)
COLTON ENGEL (name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
SOUTHWEST AIRLINES CO
2702 LOVE FIELD DRIVE, DALLAS, TX 75235 (name of corporation, firm or enterprise)
COLTON ENGEL (address)
COLTON ENGEL (name under which 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) Check appropriate box: More than \$1,000 More than \$12,500
INVESCO QQQ TRUST

(name of corporation, firm or enterprise)
1555 PEACHTREE STREET, N.E., ATLANTA, GA 30309

(address)
COLTON ENGEL

(name under which investment held)

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

(name of corporation, firm or enterprise)
3000 SCHWAB WAY, WESTLAKE, TX 76262

(address)
COLTON ENGEL

(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
VANGUARD S&P 500 ETF

(name of corporation, firm or enterprise)
100 VANGUARD BLVD, MALVERN, PA 19355

(address)
COLTON ENGEL

(name under which investment held)

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

(name of corporation, firm or enterprise)
100 VANGUARD BLVD, MALVERN, PA 19355

(address)
COLTON ENGEL

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
MFS GROWTH CL A

(name of corporation, firm or enterprise)
111 HUNTINGTON AVENUE, BOSTON, MA 02199

(address)
KILEY ENGEL

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
ARKANSAS CHILDREN'S STABLE FUND

(name of corporation, firm or enterprise)
1 CHILDREN'S WAY, LITTLE ROCK, AR 72202

(address)
KILEY ENGEL

(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500

BLACKROCK INFLATION PROTECTED BOND INSTL

(name of corporation, firm or enterprise)

50 HUDSON YARDS, NEW YORK, NY 10001

(address)

KILEY ENGEL

(name under which investment held)

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

FEDERATED HERMES US TREASURY CASH RESINST

(name of corporation, firm or enterprise)

1001 LIBERTY AVE, PITTSBURGH, PENNSYLVANIA, 15222

(address)

KILEY ENGEL

(name under which investment held)

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

METROPOLITAN WEST TOTAL RE BD ADMIN CL

(name of corporation, firm or enterprise)

865 SOUTH FIGUEROA STREET, LOS ANGELES, CA 90017

(address)

KILEY ENGEL

(name under which investment held)

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

PIMCO TOTAL RETURN A

(name of corporation, firm or enterprise)

1633 BROADWAY, NEW YORK, NY 10019

(address)

KILEY ENGEL

(name under which investment held)

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

VANGUARD INFLATION PROTECTED SECS I

(name of corporation, firm or enterprise)

100 VANGUARD BLVD, MALVERN, PA 19355

(address)

KILEY ENGEL

(name under which investment held)

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

VANGUARD SHORT-TERM INVESTMENT-GRADE I

(name of corporation, firm or enterprise)

100 VANGUARD BLVD, MALVERN, PA 19355

(address)

KILEY ENGEL

(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500

AMERICAN FUNDS AMERICAN MUTUAL R5E

5300 ROBIN HOOD ROAD, NORFOLK, VA 23513 (name of corporation, firm or enterprise)

KILEY ENGEL (address)

(name under which investment held)

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

AMERICAN FUNDS EUROPACIFIC GR R2

5300 ROBIN HOOD ROAD, NORFOLK, VA 23513 (name of corporation, firm or enterprise)

KILEY ENGEL (address)

(name under which investment held)

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

AMERICAN FUNDS FUNDAMENTAL INVS R6

5300 ROBIN HOOD ROAD, NORFOLK, VA 23513 (name of corporation, firm or enterprise)

KILEY ENGEL (address)

(name under which investment held)

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

COHEN & STEERS REALTY SHARES

1166 AVENUE OF THE AMERICAS, NEW YORK, NY 10036 (name of corporation, firm or enterprise)

KILEY ENGEL (address)

(name under which investment held)

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

DFA US SMALL CAP I

6300 BEE CAVES RD, AUSTIN, TX 78746 (name of corporation, firm or enterprise)

KILEY ENGEL (address)

(name under which investment held)

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

GOLDMAN SACHS SMALL/MID CAP GROWTH INSTL

200 WEST ST, NEW YORK, NY 10282 (name of corporation, firm or enterprise)

KILEY ENGEL (address)

(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500

JPMORGAN MID CAP VALUE R6
270 PARK AVENUE, NEW YORK, NY 10017
KILEY ENGEL
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

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

T. ROWE PRICE GROWTH STOCK
100 EAST PRATT STREET, BALTIMORE, MD 21202
KILEY ENGEL
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

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

VANGUARD GROWTH INDEX I
100 VANGUARD BLVD, MALVERN, PA 19355
KILEY ENGEL
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

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

VANGUARD INSTITUTIONAL INDEX I
100 VANGUARD BLVD, MALVERN, PA 19355
KILEY ENGEL
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

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

VANGUARD MID CAP INDEX I
100 VANGUARD BLVD, MALVERN, PA 19355
KILEY ENGEL
(name of corporation, firm or enterprise)
(address)
(name under which investment held)

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

VANGUARD REAL ESTATE INDEX ADMIRAL
100 VANGUARD BLVD, MALVERN, PA 19355
KILEY ENGEL
(name of corporation, firm or enterprise)
(address)
(name under which 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) Check appropriate box: More than \$1,000 More than \$12,500
VANGUARD SMALL CAP INDEX I _____
(name of corporation, firm or enterprise)
100 VANGUARD BLVD, MALVERN, PA 19355 _____
(address)
KILEY ENGEL _____
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
VANGUARD TOTAL INTL STOCK INDEX I _____
(name of corporation, firm or enterprise)
100 VANGUARD BLVD, MALVERN, PA 19355 _____
(address)
KILEY ENGEL _____
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
VANGUARD VALUE INDEX I _____
(name of corporation, firm or enterprise)
100 VANGUARD BLVD, MALVERN, PA 19355 _____
(address)
KILEY ENGEL _____
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
NOT APPLICABLE _____
(name of corporation, firm or enterprise)

(address)

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
NOT APPLICABLE _____
(name of corporation, firm or enterprise)

(address)

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
NOT APPLICABLE _____
(name of corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 5- OFFICE OR DIRECTORSHIP

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

a) NOT APPLICABLE

(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

b) NOT APPLICABLE

(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)

b) NOT APPLICABLE

(name of creditor)

(address of creditor)

c) NOT APPLICABLE

(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) NOT APPLICABLE

(name of governmental body)

(address of governmental body)

(amount owed)

(nature of the obligation)

b) NOT APPLICABLE

(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)

b) NOT APPLICABLE

(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)

b) NOT APPLICABLE

(description of gift)

(date)

(fair market value)

(source of gift)

c) NOT APPLICABLE

(description of gift)

(date)

(fair market value)

(source of gift)

d) NOT APPLICABLE

(description of gift)

(date)

(fair market value)

(source of gift)

e) NOT APPLICABLE

(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) NOT APPLICABLE

_____ (description of award)
_____ (date) _____ (fair market value)
_____ (source of award)

b) NOT APPLICABLE

_____ (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 SOURCES OF PAYMENT

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

a) NOT APPLICABLE

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

b) NOT APPLICABLE

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

SECTION 12- DIRECT REGULATION OF BUSINESS

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

a) NOT APPLICABLE

(name of business)

(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)

d) NOT APPLICABLE

(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)

b) NOT APPLICABLE

(compensation paid)

(goods or services)

(governmental body to whom sold)

c) NOT APPLICABLE

(compensation paid)

(goods or services)

(governmental body to whom sold)

d) NOT APPLICABLE

(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.

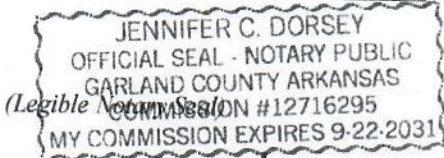


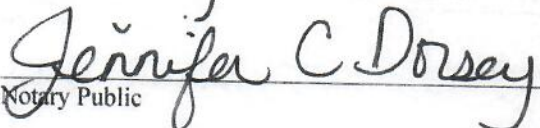
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 11 day of January, 2024.





Notary Public

My commission expires: 9/22/31

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

IMPORTANT

Where to file:

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

General Information:

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

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 COLTON "C.J." ENGEL

Address 2516 MOUNTAIN VIEW ROAD

City, State and Zip BENTON, AR 72019 Phone Number: (501) 860-8338

Office Sought SALINE COUNTY JUSTICE OF THE PEACE District Number 9
(Clerk's File Stamp)

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

*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.

FILED
 SALINE COUNTY
 PROBATE & COUNTY CLERK
 2024 JAN 25 PM 3:43
 BY

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at beginning of reporting period	\$0.00	
5. Interest (if any) earned on campaign account	\$0.00	\$0.00
6. Total Loans (enter total from line 13)	\$0.00	\$0.00
7. Total Monetary Contributions (enter total from line 19)	\$2,440.00	\$2,440.00
8. Total Expenditures (enter total from line 28)	\$370.30	\$370.30
9. Balance of campaign funds at close of reporting period	\$2,069.70	
10. If this is candidate's final report for an election, amount of remaining campaign funds or outstanding indebtedness (use brackets to indicate debt)		

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

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

Colton C. Engel
Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for Saline, County, Arkansas, on this 25 day of January, 2024
JENNIFER C. DORSEY
 OFFICIAL SEAL, NOTARY PUBLIC
 GARLAND COUNTY ARKANSAS
 COMMISSION #12716295
 MY COMMISSION EXPIRES 9-22-2031
 Notary Signature Jennifer C Dorsey
 My Commission Expires: 9/22/31

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

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
13. TOTAL LOANS 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
15. TOTAL NONMONEY 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.

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.

16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

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

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

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.

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

Date	Full Name and Mailing Address of Contributor	Place Of Business Employer/Occupation	Amount of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200			\$1,850.00	
18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS			\$590.00	
19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (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.

24. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

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

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Saline County Republican Committee 125 N Market Street Benton, AR 72015	Filing Fee	11.08.2023	\$360.00
25. TOTAL ITEMIZED EXPENDITURES THIS REPORT			\$360.00
26. TOTAL NONITEMIZED EXPENDITURES THIS REPORT			\$10.30
27. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter amount from line 23)			
28. TOTAL EXPENDITURES THIS REPORT (includes lines 25, 26 and 27)			\$370.30

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

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

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 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 upon conviction be guilty of a Class A misdemeanor.