STATEMENT OF FINANCIAL INTEREST

State/District officials file with: John Thurston, Secretary of State 500 Woodlane Street Little Rock, AR 72201 Calendar year covered 202/
(Note: Filing covers the previous calendar year)

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

500 Woodlane Street Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548

Is this an amendment? ☐ Yes 🕱 No

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

SECTIO	N 1- NAME AND ADDRESS		$\overline{}$	-		
Nome	Holt	James D	٠. بالر			
Name _	238 OCD HWY 9	(First)	AR	(Middle) 7203/		
	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)		
Phone	501-745-3633					
	name HocT	Ida		<u>S.</u>		
	(Last)	(1 1131)		(Middle)		
All names under which you and/or your spouse do business:						
W				282		
ar cort	DE ACON EOD EU INC					
SECTIO	ON 2- REASON FOR FILING	District	Q_{i}	ROSE T		
	Public Official QuoRum Court	(STINC)	one	54g o		
		(office held)	2	POR TO		
	Candidate	(office sought)		芸界 ・・		
	District Judge	01: (1:0)		3 3 3 3 S		
		name of district)		(A		
	City Attorney	(name of city)	8 9	3 6		
	State Government: Agency Head/Department Director/Division Director					
	* 1		(name of agency	//department/division/		
	Chief of Staff or Chief Deputy					
	Public appointee to State Board or Commission					
		(name of board	(commission)			
	School Board member(nat	ne of school district)				
	Candidate for school board(nar		· · · · · · · · · · · · · · · · · · ·			
	Public or Charter School Superintendent(name	of school district/school)				
	Executive Director of Education Service Cooperati	ive				
		(name	of cooperative)			
	Advertising and Promotion Commission member _	(name of adver	tising and promotion	commission)		
П	Research Park Authority Board member under A.C		S-400			
	Research I aik Hamorry Board Indian	1 8	(name of rese	earch park authority board)		

SECT	TION 2- REASON FOR FILING (continued)	
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or com Planning board or commission	mission):
	☐ Airport board or commission	
	☐ Water or Sewer board or commission	
	☐ Utility board or commission	
	☐ Civil Service commission	
SECT	TION 3- SOURCE OF INCOME	
or you that co accours \$1,000	cach employer and/or each other source of income from which you, your spouse, or any other person for the use or ben our spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual item constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For intants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exploit from at least one source, the answer N/A is not correct. Check appropriate box: More than \$1,000	s of income or example:
4.5	(name of employer/or source of income) S. ARmy Retinement - DFAS 1.0. Rox 1/30 London, Ky 40742 (address) James D. Holl Jr.	<u> </u>
-	(name under which income received)	
Provid	de a brief description of the nature of the services for which the compensation was received	
b) Cl	Check appropriate box: More than \$1,000 Social Security More than \$12,500	= 9
- Administration	Social Security - Office Seancy, AR	
All Proceeds Association	JAMES D. HOLL JR.	
	(name under which income received)	
Provid	de a brief description of the nature of the services for which the compensation was received	
c) (Check appropriate box: More than \$1,000 UN Buren Count Ount	-
	(name of employer or source of income) (414 Hwg 65 S. Clintin, A2 2203/	
	(address) Hoth	
	(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 BANK OZK	More than \$12,500		
		P.O. Box 196	on, firm or enterprise) R 92031		
-		TAMES D'ade	gress I of S. Hot		
	· · · · · · · · · · · · · · · · · · ·	(name under whi	ch investment held)		
b)	Check appropriate box:	More than \$1,000 Fins Sew	Cr BANK More than \$12,500		
		P.O. Box 156	on, firm or enterprise) 39 (1) noton, AN 12031		
3		(ad	dress) D. E. Ido S. HoH		
		(name under whi	ch investment held)		
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
*****		(name of corporation	on, firm or enterprise)		
-		(ac	ldress)		
	÷	(name under wh	ich investment held)		
d)	Check appropriate box:	☐ More than \$1,000	More than \$12,500		
N		(name of corporati	on, firm or enterprise)		
****	* 187		ddress)		
		(name under wh	nich investment held)		
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of corporat	ion, firm or enterprise)		
·		(a	ddress)		
a 		(name under w	hich investment held)		
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
-	(name of corporation, firm or enterprise)				
-		(1	address)		
-		(name under w	hich investment held)		

SECTION 5- OFFICE OR DIRECTORSHIP

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

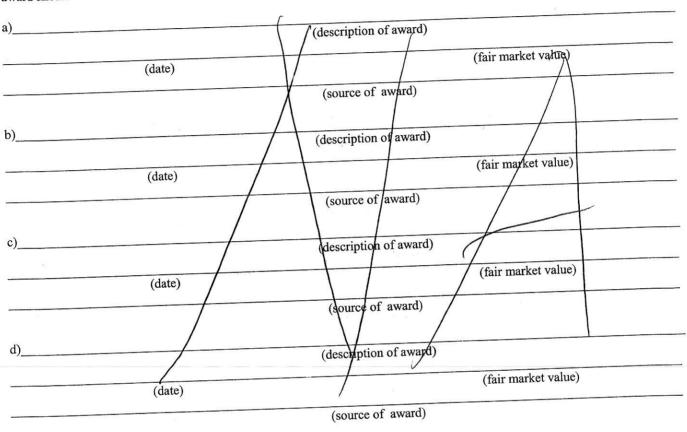
a)
name of business, corporation, firm, or enterprise)
(address)
(office or directorship held)
(name of office holder)
(name of business, corporation, firm, or enterprise)
(address)
(office or directorship held)
(name of office holder)
SECTION 6- CREDITORS
List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is stil outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either financial institution or a person who regularly and customarily extends credit.)
a)
(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)(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)

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

Revised 12/2017

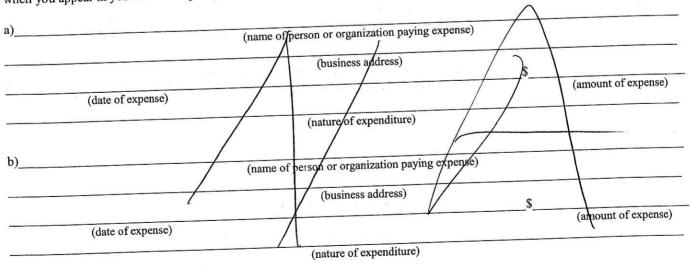
SECTION 10- AWARDS

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.



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.



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

SECTION 14- SIGNATURE

I certify under penalty of false swearing that the above information is true and correct. Signature STATE OF ARKANSAS COUNTY OF Subscribed and sworn before me this TRO PA: NO. (Legible Notary Se Vist 38084 Comme 13-2028

My commission expires:

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.