STATEMENT OF FINANCIAL INTEREST

State/District officials file with: John Thurston, Secretary of State 500 Woodlane Street Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548 For assistance in completing this form contact: Arkansas Ethics Commission Phone (501) 324-9600 Toll Free (800) 422-7773

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	N	
Name Holcomb	David	Byrs.
address Po Box 406	Circles Al	7203 (Middle)
hone Street or P.O. Box Number)	(City) (State)	(Zip Code)
pouse's name		
(Last) ll names under which you and/or your spouse do busi	(P)	(Middle)
ECTION 2- REASON FOR FILING		
Public Official). 1	
Candidate	(office held)	
District Judge	(office sought)	
City Attorney	(name of district)	
	(name of city) Director/Division Director	
Chief of Staff or Chief Deputy	(name - f /1	partment/division)
(nar Public appointee to State Board or Commission	me of Constitutional Officer Senate or House of Bonnescant	tatives)
School Board member	(name of board/commission)	2023
	(name of school district)	TO SEE SEE
Public or Charter School Superintendent	(name of school district)	27 P
Executive Director of Education Service Cooper	me of school district/school)	選 로 ロ
Advertising and Promotion Commission membe	(name of cooperative)	- £6
Research Park Authority Board member under A	(name of advertising and promotion comma.C.A. § 14-144-201 et seq.	nission)
		park authority board)

Appointee to one of the following municipal, county or regional boards or commissions (list name of Planning board or commission	f 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	
☐ Utility board or commission	
Civil Service commissionSECTION 3- SOURCE OF INCOME	
SECTION 3- SOURCE OF INCOME	
List each employer and/or each other source of income from which you, your spouse, or any other person fo or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the that constitute a portion of the gross income of the business or profession from which you or you spouse der accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive g \$1,000 from at least one source, the answer N/A is not correct.	ives income. For example gross income exceeding
a) Check appropriate box:	12,500
(name of employer or source of income) 4512 Burrow DR NLR	AR 72116
(address)	
(name under which income received)	
Provide a brief description of the nature of the services for which the compensation was received Emp	ployed
b) Check appropriate box:	
(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:	\$12,500
(name of employer or source of income)	
(address)	
(name under which income received)	440
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

a) —-	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
	1/	(name of corporation	, firm or enterprise)
	7/	(addr	ress)
		(name under which	investment held)
b) 	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
		(addre	ess) ,
		(name under which	investment held)
c) —–	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
		(addre	ss)
		(name under which	investment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, i	firm or enterprise)
	J	(addres	ss)
		(name under which i	nvestment held)
e) 	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
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(Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fi	rm or enterprise)
· ·		(address	;)
		(name under which in	vestment held)

SECTION 5- OFFICE OR DIRECTORSHIP

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

(nam	ne of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
(na	ame of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
st each creditor to whom the value of five the stranding. (This does not include debts ower ancial institution or a person who regularly a	ousand dollars (\$5,000) or more was personally owed or personally obligated and is s d to members of your family or loans made in the ordinary course of business by eith and customarily extends credit.)
	C - ditanh
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	(name of creditor) (address of creditor)
	(address of creditor)
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SECTION 7- PAST-DUE AMOUNTS OW	(address of creditor) (name of creditor) (address of creditor) (name of creditor) (address of creditor)
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ESECTION 7- PAST-DUE AMOUNTS OW List the name and address of each government the nature of the amount of the obligation. (name of governmental body) UNKNOWN	(address of creditor) (address of creditor) (name of creditor) (address of creditor) VED TO GOVERNMENT ental body to which you are legally obligated to pay a past-due amount and a description of the control of t
List the name and address of each government the nature of the amount of the obligation. (name of governmental body) UNKNOWN (amount owed)	(address of creditor) (address of creditor) (name of creditor) (address of creditor) (address of creditor) VED TO GOVERNMENT ental body to which you are legally obligated to pay a past-due amount and a description
ESECTION 7- PAST-DUE AMOUNTS OW List the name and address of each government the nature of the amount of the obligation. (name of governmental body) UNKNOWN	(address of creditor) (address of creditor) (name of creditor) (address of creditor) VED TO GOVERNMENT ental body to which you are legally obligated to pay a past-due amount and a description of the control of t

SECTION 8- GUARANTOR OR CO-M	AKER	
List each guarantor or co-maker who has g extended and refinanced after Jan. 1, 1989.	uaranteed a debt of yours that is still outstandi Members of your family who are your guaran	ng. (This includes debt guarantors arising
a)	or your family who are your guaran	ntors are not required to be disclosed.)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(name)	
b)	(address)	<u></u>
	(name)	
SECTION 9- GIFTS	(address)	
are a number of exceptions to the definition of	nable estimate of the fair market value of each 50 received by your dependent children. The of value unless consideration of equal or greaf "gift." Those exceptions are set forth in the e: The value of an item shall be considered to as received any amount over \$100 and the rein	ter value has been given therefor." There
	(description of gift)	
(date)		
-		air market value)
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	(description of gift)	
(date)	(fair	market value)

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

(source of gift)

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas SECTION 10- AWARDS

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

	(description of award)
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(date)	(fair market value)
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d)	(description of award)
	(fair market value)
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()	
	(source of award)
CECTION 11 NONCOVERNME	NTAL SOURCES OF PAYMENT
SECTION 11- NONGOVERNME	NTAL SOURCES OF PAYMENT Sourcest of your expenses for food, lodging, or travel which bears a relationship to your off
SECTION 11- NONGOVERNME	NTAL SOURCES OF PAYMENT forward of your expenses for food, lodging, or travel which bears a relationship to your off
SECTION 11- NONGOVERNME List each nongovernmental source of when you appear in your official cap	NTAL SOURCES OF PAYMENT f payment of your expenses for food, lodging, or travel which bears a relationship to your off pacity when the expenses incurred exceed \$150.
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any ousiness which employs	you and is under direct regulation as	
a)	you and is under direct regulation or subject to direct control by the govern	nmental body which you se
		J
	(name of business)	
	(governmental body which regulates or controls)	
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I the goods ·		excess of \$1,000. List the use is an officer, director, or
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(compensation paid)

SECTION 14-SIGNATURE

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

STATE OF ARKANSAS

COUNTY OF Van Buren

before me this 27th

day of Januar

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

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.

- The Statement of Financial Interest should be filed by January 31 of each year. General Information:
- 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.

SECTION 14- SIGNATURE

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

} ss

Signature

STATE OF ARKANSAS

COUNTY OF Van Buren

scribes and supplies before me this 27th day

day of Januar

Notary Public

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Where to file:

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- * If a person is included in any category listed above for any part of a calendar year, that person shall file a Statement of Financial Interest covering that period of time regardless of whether they have left their office or position as of the date the statement is due.

	(name of business)	
	(governmental body which regulates or controls)	
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	(name of business)	Big. 1
	(governmental body which regulates or controls)	PALCA S
pensation paid for each category of	overnmental body for which you serve which have a total annual value goods or services sold by you or any business in which you or your space stock of the company.	in excess of \$1,000. List the couse is an officer, director,
pensation paid for each category of kholder owning more than 10% of t	goods or services sold by you or any business in which you or your space stock of the company.	in excess of \$1,000. List the couse is an officer, director,
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(compensation paid)

SECTION 10- AWARDS

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

a)	1
	(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- NONGOVERN	MENTAL SOURCES OF PAYMENT
	ee 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.
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()	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)
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7	(name of person or organization paying expense)
	(business address)
(date of expense)	\$
	(amount of expense)
	(nature of expenditure)

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 8- GUARANTOR OR CO-MAKER

(date)

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

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Revised 12/2017

(source of gift)

(description of gift)

(source of gift)

(fair market value)

SECTION 5- OFFICE OR DIRECTORSHIP

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

a)	
n).	ame_of business, corporation, firm, or enterprise)
\\\\\\	(address)
- NA	(office or directorship held)
	(name of office holder)
b)	
(na	ame of business, corporation, firm, or enterprise)
	(address)
1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
outstanding. (This does not include debts owed financial institution or a person who regularly a	usand dollars (\$5,000) or more was personally owed or personally obligated and is still to members of your family or loans made in the ordinary course of business by either a nd customarily extends credit.)
a)	(name of creditor)
b) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(address of creditor)
0) /	(name of creditor)
c)	(address of creditor)
<u></u>	(name of creditor)
-	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWE	, , , , , , , , , , , , , , , , , , ,
List the name and address of each governmental the nature of the amount of the obligation. a)	body to which you are legally obligated to pay a past-due amount and a description of
(name of governmental body)	(address of governmental body)
UNKNOW	
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

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)
-	$\mathcal{V}^{\prime\prime}$	(addre	ess)
		(name under which	investment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
	1	(name of corporation,	firm or enterprise)
		(addre	rss)
	· · · · · · · · · · · · · · · · · · ·	(name under which	investment held)
c)	Check appropriate box:	More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
		(addre	ss)
		(name under which	investment held)
d)	Check appropriate box:	More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
	J	(addre	ss)
		(name under which	investment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation,	firm or enterprise)
		(addre	ss)
		(name under which i	investment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
_	·	(name of corporation,	firm or enterprise)
		(addre	ss)
		(name under which i	nvestment held)

SECT	TION 2- REASON FOR I	ILING (continued)			
		following municipal, county or regions	al boards or commissions (list name of board or commission):		
	☐ Airport board or con	☐ Airport board or commission			
	☐ Water or Sewer boar	d or commission			
	☐ Utility board or com	mission			
SECT	TION 3- SOURCE OF IN	COME			
or you that co accou \$1,000	ar spouse receives gross inconstitute a portion of the grantants, attorneys, farmers,	come amounting to more than \$1,000. ross income of the business or profession contractors, etc. do not have to list their the answer N/A is not correct.	your spouse, or any other person for the use or benefit of you (You are not required to disclose the individual items of income on from which you or you spouse derives income. For example: r individual clients.) If you receive gross income exceeding More than \$12,500		
a) '	спеск арргориате оох.	☐ More than \$1,000	7 - Note than \$12,500		
		(name of employer of employer of employer of eaddress)	mow DR NLR AR 72116		
		(name under which	income received)		
Provid	de a brief description of the		ompensation was received Employee		
b) Cl	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of employer o	r source of income)		
		(addr	ess)		
		(name under which	income received)		
Provid	de a brief description of the	e nature of the services for which the co	ompensation was received		
c) [Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
l an		(name of employer of	r source of income)		
	D 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(addre			
	70 Y2	(name under which	income received)		
Provid	de a brief description of the	e nature of the services for which the co	ompensation was received		

STATEMENT OF FINANCIAL INTEREST

(Note: Filing covers the previous calendar year)

State/District officials file with: John Thurston, Secretary of State 500 Woodlane Street Little Rock, AB, 72201

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

Calendar year covered 2022

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.

	ION 1- NAME AND ADDRESS	1 -		^	
Name	Holcomb	Devid		By	101
	is Po Box 406	(Eirst)	J AR	7203/Mic	idle)
	(Street or P.O. Box Number) 50/592/380	(City)	(State)		Code)
Spouse	's name				
	(Last) nes under which you and/or your spouse do business:	(First)		(Mid	idle)
SECTI	ON 2- REASON FOR FILING				
	Public Official J.P. 1	-			
		office held)			
	District Judge	office sought)			
	(name of district)				
	City Attorney				
	Chief of Staff or Chief Deputy		(name of agency	y/department/divis	ion)
	(name of Constitutional Officer, Senate, or House of Representatives) Public appointee to State Board or Commission				
	School Board member	(name of board/o	commission)	2023	3
	Candidate for school board			JAN 2	TI
	Public or Charter School Superintendent	of school district)		7 P	
	(name of school district/school) Executive Director of Education Service Cooperative			ORD SKANSAS	O
	Advertising and Promotion Commission member	(name o	f cooperative)	0	
	(name of advertising and promotion commission) Research Park Authority Board member under A.C.A. § 14-144-201 et seq				
			(name of resear	rch park authority	board)