

FILED

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)

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

PATSY HUBRELL CLERK OF COURSE CLEAR SECTION 10011 AR

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 Reeves, Carolyn R (Last) (First) (Middle) Address 11347 Fishack Rd, Bentonville, AR 72712 (Street or P.O. Box Number) (City) (State) (Zip Code) Phone 4-899-8849 Spouse's name Reeves, James I (Last) (First) (Middle) All names under which you and/or your spouse do business:

SECTION 2- REASON FOR FILING

- [] Public Official (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 Northwest Arkansas Community College (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)

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JAN 30 2024

Arkansas Secretary of State

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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 _____

PROCESSED
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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

Reeves Medical Associates PLLC

 (name of employer or source of income)

1415 E Centerlon Blvd Centerlon, AR 72719

 (address)

Carolyn Reeves

 (name under which income received)

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

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

Circle of Life Hospice

 (name of employer or source of income)

901 Jones Rd Springdale, AR 72762

 (address)

Carolyn Reeves

 (name under which income received)

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

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

Rush Running Company Inc

 (name of employer or source of income)

1600 SE J St Bentonville, Ar 72712

 (address)

James Reeves

 (name under which income received)

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

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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 _____

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NOT A PUBLIC CLERK
JAN 25 2024

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

Arkansas College of Health Education _____
 (name of employer or source of income)

P.O.Box 10366 Fort Smith, AR 72917 _____
 (address)

Carolyn Reeves _____
 (name under which income received)

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

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

Work Room Fitness LLC _____
 (name of employer or source of income)

1413 E Centerton BLVD, Centerton, AR 72719 _____
 (address)

JAmes and Carolyn Reeves _____
 (name under which income received)

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

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 _____

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CLERK OF COURT
COURT HOUSE
JACKSON COUNTY, AR

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
 Kaux Federated Hermes SVAIX

 (name of corporation, firm or enterprise)
 1001 Liberty Ave Pittsburgh, Pn 15222

 (address)
 James and Carolyn Reeves

 (name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
 SVAIX Federated Hermes Strategic Value Dividend

 (name of corporation, firm or enterprise)
 PO box 219318 KC, MO 64121

 (address)
 James ANd Carolyn Reeves

 (name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
 HBLIX Hartford Balanced Income

 (name of corporation, firm or enterprise)
 430 W 7th st Suite 219060 KC, Mo 64105

 (address)
 James and Carolyn Reeves

 (name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
 ITHIX Hartford Cap Apprec

 (name of corporation, firm or enterprise)
 430W 7th st Suite 219060 KC, MO 64105

 (address)
 James And Carolyn Reeves

 (name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
 OPMYX Invesco Main St Mid Cap

 (name of corporation, firm or enterprise)
 1555Peachtree St NE Suite 1800 Atlanta, GA 30309

 (address)
 James And Carolyn Reeves

 (name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
 OHYFX JP Morgan High Yield

 (name of corporation, firm or enterprise)
 430 W 7th st Suite 219143 KC, MO 64105

 (address)
 JAMES and Carolyn Reeves

 (name under which investment held)

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CO. & P. CLERK
BENTON COUNTY, AR

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

Ax AXOS Financial

(name of corporation, firm or enterprise)

9205 West Russell Road Suite 400 Las Vegas, NV 89148

(address)

James and Carolyn Reeves

(name under which investment held)

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

Etsy Inc

(name of corporation, firm or enterprise)

117 Adams St Brooklyn, Ny

(address)

James ANd Carolyn Reeves

(name under which investment held)

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

Kroger Inc

(name of corporation, firm or enterprise)

1014 Vine St Cincinnati, OH 45202

(address)

James and Carolyn Reeves

(name under which investment held)

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

WMT Walmart Inc

(name of corporation, firm or enterprise)

702 SW 7th St Bentonville, Ar 72712

(address)

James And Carolyn Reeves

(name under which investment held)

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

DHSIX Diamond Hill Small cap

(name of corporation, firm or enterprise)

325 John H McConnell Blvd Suite 200 Columbus, OH 43215

(address)

James And Carolyn Reeves

(name under which investment held)

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

FPACX FPA Crescent

(name of corporation, firm or enterprise)

11601 Wilshire Blvd Suite 1200 Los Angeles, CA 90025

(address)

JAmes and Carolyn Reeves

(name under which investment held)

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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:
FRIAX Franklin Income Advisor

More than \$1,000

More than \$12,500

(name of corporation, firm or enterprise)

P.O. Box 33030 St. Petersburg, FL 33733-8030

(address)

James and Carolyn Reeves

(name under which investment held)

b) Check appropriate box:
RYPNX Royce Small Cap

More than \$1,000

More than \$12,500

(name of corporation, firm or enterprise)

745 Fifth Ave NY, NY 10151

(address)

James ANd Carolyn Reeves

(name under which investment held)

c) Check appropriate box:
TDADX Templeton Developing Mrkets

More than \$1,000

More than \$12,500

(name of corporation, firm or enterprise)

100 Fountain Parkway N St Petersburg, FL 33716

(address)

James and Carolyn Reeves

(name under which investment held)

d) Check appropriate box:
VWIAX Vanguard Wellesley Income Admiral

More than \$1,000

More than \$12,500

(name of corporation, firm or enterprise)

100 Vanguard Blvd Malvern, PA 19355

(address)

James And Carolyn Reeves

(name under which investment held)

e) Check appropriate box:
FCISX Franklin Income

More than \$1,000

More than \$12,500

(name of corporation, firm or enterprise)

P.O. Box 33030 St Petersburg, FL 33733-8030

(address)

James And Carolyn Reeves

(name under which investment held)

f) Check appropriate box:
Abbvie Inc

More than \$1,000

More than \$12,500

(name of corporation, firm or enterprise)

1 N Waukegan Rd north Chicago, IL 60064

(address)

JAmes and Carolyn Reeves

(name under which investment held)

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DEPT. OF REVENUE
CLERK
SECTOR COUNTY, AR

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

AT&T

(name of corporation, firm or enterprise)

2080 S Akard St Dallas TX 75202

(address)

James and Carolyn Reeves

(name under which investment held)

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

GSK GSK PLC

(name of corporation, firm or enterprise)

2929 Walnut St Suite 1700 Philadelphia, PA 19104

(address)

James ANd Carolyn Reeves

(name under which investment held)

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

Tyson Foods Inc

(name of corporation, firm or enterprise)

2200 W Don Tyson Parkway Springdale, Ar 72762

(address)

James and Carolyn Reeves

(name under which investment held)

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

SOFI Tech

(name of corporation, firm or enterprise)

234 1st St San Francisco, CA 94105

(address)

James And Carolyn Reeves

(name under which investment held)

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

State Bank of Chilton

(name of corporation, firm or enterprise)

26 E Main St PO Box 149 Chilton, WI 53014-0149

(address)

James And Carolyn Reeves

(name under which investment held)

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

Goldman Sachs Bank

(name of corporation, firm or enterprise)

200 West Street, 29th Floor New York, NY 10282

(address)

JAmes and Carolyn Reeves

(name under which investment held)

SECTION 5- OFFICE OR DIRECTORSHIP

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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.

REISTY HARRELL
CO & PROBATE CLERK
BERNARD COUNTY, AR

a) N/A

(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) Chambers Bank

(name of creditor)
4201 W New Hope Rd Unit 101 Rpgers, AR 72756

(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) N/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)

SECTION 8- GUARANTOR OR CO-MAKER

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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.)

CLERK OF DISTRICT COURT
COURT & PROBATE CLERK
BEAUFORT COUNTY AR

a) N/A
 _____ (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) N/A
 _____ (description of gift)
 _____ (date) _____ (fair market value)
 _____ (source of gift)

b) _____
 _____ (description of gift)
 _____ (date) _____ (fair market value)
 _____ (source of gift)

c) _____
 _____ (description of gift)
 _____ (date) _____ (fair market value)
 _____ (source of gift)

d) _____
 _____ (description of gift)
 _____ (date) _____ (fair market value)
 _____ (source of gift)

e) _____
 _____ (description of gift)
 _____ (date) _____ (fair market value)
 _____ (source of gift)

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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) ^{N/A} _____
 _____ (description of award)
 _____ (date) _____ (fair market value)
 _____ (source of award)

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

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

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

SECTION 11- NONGOVERNMENTAL SOURCES OF 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) ^{N/A} _____
 _____ (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.

2021 JUN 25 PM 12:27

a) N/A

(name of business)

DEBORAH LABELL
CO & PROBATE CLERK
JEROME COUNTY, AR

(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) N/A

(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)

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SECTION 14- SIGNATURE

2024 JAN 25 PM 12: 27

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

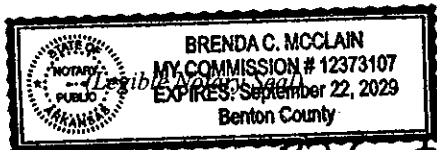
DEBEY WARELL
25 & PROSTATE CLERK
BENTON COUNTY AR

[Handwritten Signature]
Signature

STATE OF ARKANSAS

COUNTY OF Benton } ss

Subscribed and sworn before me this 25 day of January, 2024.



Brenda C McClain
Notary Public

My commission expires: 22 Sept 2029

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.