

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 Wagner, Tommy Wayne Jr.
(Last) (First) (Middle)
Address PO Box 910 Manila, AR 72442
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 870-243-4601

Spouse's name Wagner, Heather Michelle
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Dr. Tommy W. Wagner Jr., Heather Michelle Wagner

SECTION 2- REASON FOR FILING

- Public Official _____
(office held)
- Candidate Senate - District 19
(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

JAN 19 2024

Arkansas
Secretary of State

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
See Attached

_____ (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
See Attached

(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 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) Farmers Bank and Trust

(name of business, corporation, firm, or enterprise)
400 West Main, Blytheville, AR 72315

(address)
Board of Directors

(officer or directorship held)
Member

(name of office holder)

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

(address)

(officer 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) Private Flight

(description of gift)

2/3/23

\$12,000

(date)

(fair market value)

Gaylon Lawrence

(source of gift)

b) Private Flight

(description of gift)

5/26/23

\$4000

(date)

(fair market value)

Dr. Brad Bibb

(source of gift)

c) Concert Tickets

(description of gift)

9/29/23

\$1600

(date)

(fair market value)

Gaylon Lawrence

(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.

Not applicable

- a) _____
(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)

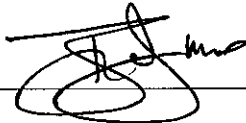
(compensation paid)
- d) _____
(goods or services)

(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.

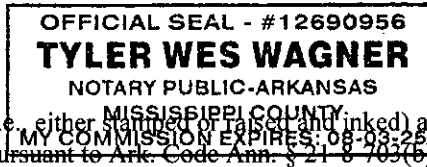
Signature 

STATE OF ARKANSAS
Mississippi } ss
COUNTY OF _____ 16th January 24
Subscribed and sworn before me this _____ day of _____, 20_____.

(Legible Notary Seal)


Notary Public

My commission expires: 8/3/25



Note: If faxed, notary seal must be legible (i.e., either scanned or raised and inked) and the original must follow within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(5)(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.

Section 3 - Source of Income

Employer/Source of Income	Address	Nature of Services	Name for which Income is Received	More than \$1,000	More than \$12,500
A&H Enterprises Inc (W2 & 11205)	PO Box 1109 Manila, AR 72442	W2 Wages and S Corporation Proceeds	Heather Wagner Spouse	X	X
Levelland LLC (1065)	PO Box 910 Manila, AR 72442	Farming Income	Heather Wagner Spouse	X	X
TW Wagner Inc (W2 & 11205)	PO Box 910 Manila, AR 72442	W2 Wages and S Corporation Proceeds	Tommy W Wagner	X	X
TW Wagner Inc (1099 MISC)	PO Box 910 Manila, AR 72442	Rental Income	Wagner Medical Clinics LLC (Single Member LLC owned by Tommy W Wagner)	X	X
Farmers Bank and Trust (1099NEC)	PO Box 688 Blytheville, AR 72316	Bank Board Income	Tommy W Wagner	X	X
Adams Land Company	Hwy 77 North Leachville, AR 72438	Consulting Fees	Delta Consulting & Real Estate LLC (Single Member LLC owned by Tommy W Wagner)	X	X
Buffalo Island Farms	402 N Main Street Leachville, AR 72438	Consulting Fees	Delta Consulting & Real Estate LLC (Single Member LLC owned by Tommy W Wagner)	X	X
TW Wagner Inc (1099 MISC)	PO Box 910 Manila, AR 72442	Rental Income	SBWMC Project LLC (Single Member LLC owned by Tommy W Wagner)	X	X
St. Bernards Health Care Inc (1099 MISC)	PO Box 4060 Jonesboro, AR 72403	Rental Income	T&K Real Estate LLC (Multimember LLC owned 50% by Tommy W Wagner)	X	X
Riverside Medical Inc (1099 MISC)	PO Box 910 Manila, AR 72442	Rental Income	Tommy W Wagner	X	X
Levelland LLC (1065)	PO Box 910 Manila, AR 72442	Farming Income	Wagner Farms LLC (Single Member LLC owned 100% by Tommy Wagner)	X	X
Wagner Farms LLC (Schedule F)	PO Box 910 Manila, AR 72442	Farming Income	Tommy W Wagner	X	X
Arkansas Department of Human Services (1099 MISC)	PO Box 1437 Little Rock, AR 72203	Received as Nominee on behalf of TW Wagner Inc	Tommy W Wagner	X	X

Section 4 - Business or Holdings

Business Name or Holding	Address	Description	Name Under Which Investment is Held	More than \$1,000	More than \$12,500
TW Wagner Inc	PO Box 910 Manila, AR 72442	S Corporation 100% owned by Tommy W Wagner (Medical Practice and Assets)	TW Wagner Inc	X	X
Cross Bank	PO Box 9 Wynne, AR 72396	Bank Account	TW Wagner Inc	X	X
Simmons Bank		Bank Account	TW Wagner Inc	X	X
Wagner Medical Clinics	PO Box 910 Manila, AR 72442	Single Member LLC 100% owned by Tommy W Wagner (Medical Building Real Estate)	Wagner Medical Clinics LLC	X	X
Cross Bank	PO Box 9 Wynne, AR 72396	Bank Account	Wagner Medical Clinics LLC	X	X
Wagner Farms LLC	PO Box 910 Manila, AR 72442	Single Member LLC 100% owned by Tommy W Wagner (Farm Real Estate)	Wagner Farms LLC	X	X
Cross Bank	PO Box 9 Wynne, AR 72396	Bank Account	Wagner Farms LLC	X	X
Levelland LLC	PO Box 910 Manila, AR 72442	Multi Member LLC owned 50/50 by Tommy W Wagner and Heather Wagner (Farm Real Estate)	Levelland LLC	X	X
Cross Bank	PO Box 9 Wynne, AR 72396	Bank Account	Levelland LLC	X	X
T&K Real Estate LLC	PO Box 910 Manila, AR 72442	Multi Member LLC owned 50% by Tommy W Wagner (Medical Building Real Estate)	T&K Real Estate LLC	X	X
SBWMC LLC	PO Box 910 Manila, AR 72442	Single Member LLC 100% owned by Tommy W Wagner (Medical Building Real Estate)	SBWMC LLC	X	X

Cross Bank	PO Box 9 Wynne, AR 72396	Bank Account	SBWMC LLC	X
Delta Consulting and Real Estate LLC	PO Box 910 Manila, AR 72442	Single Member LLC owned 100% by Tommy W Wagner (Consulting Practice and Assets)	Delta Consulting and Real Estate LLC	X
Farmers Bank and Trust		Bank Account	Delta Consulting and Real Estate LLC	X
A&H Enterprises Inc	PO Box 1109 Manila, AR 72442	S Coporation owned 50% By Heather Wagner (Pharmacy Practice and Assets)	A&H Enterprises Inc	X
Farmers Bank and Trust	3626 W State Hwy 18 Manila, AR 72442	Bank Account	A&H Enterprises Inc/Wilson Pharmacy	X
Cross Bank	PO Box 9 Wynne, AR 72396	Bank Account	Tommy W Wagner	X
Regions Bank	1415 Union Ave Memphis, TN 38104	Bank Account	Heather Wagner	X
Walmart Inc C/O Computershare	PO Box 43078 Providence, RI 02940	Stock	Heather Wagner	X
Pershing LLC	One Pershing Plaza Jersey City, NJ 07399	IRA Death Benefit	Heather Wagner	X