

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
John Thurston, Secretary of State
State Capitol, Room 026
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	<u>Nowlin</u>	<u>John</u>	<u>Walter</u>
	(Last)	(First)	(Middle)
Address	<u>4124 Cypress Knoll Rd</u>	<u>Jonesboro, AR</u>	<u>72405</u>
	(Street or P.O. Box Number)	(City)	(State)
Phone	<u>(336) 907-6592</u>		(Zip Code)
Spouse's name	<u>Nowlin</u>	<u>Sara</u>	<u>Moran</u>
	(Last)	(First)	(Middle)

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

SECTION 2- REASON FOR FILING

FILED

- Public Official _____ (office held) JAN 17 2024
- Candidate _____ (office sought) Arkansas
- District Judge _____ (name of district) Secretary of State
- 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 Arkansas Geographic Information Systems Board
(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

Arkansas State University _____
(name of employer or source of income)

P.O. Box 1500, State University, AR 72467 _____
(address)

John Walter Nowlin _____
(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

Sole Proprietorship (self-employed) _____
(name of employer or source of income)

4124 Cypress Knoll Rd _____
(address)

Sara M. Nowlin _____
(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
Cash Reserves (FDRXX, FCASH, CORE, SPRXX)

(name of corporation, firm or enterprise)
Fidelity Investments, P.O. Box, 770001, Cincinnati, OH 45277-0003

(address)
John W. Nowlin

(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
ALIBABA GROUP HOLDING LTD SPON ADS EACH REP 8 ORD SHS (BABA)

(name of corporation, firm or enterprise)
969 West Wen Yi Road, Yu Hang District, Hangzhou 311121, China

(address)
John W. Nowlin

(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
EXEBLOCK TECHNOLOGY CORPORATION COM NPV

(name of corporation, firm or enterprise)
47 Lockheed Crescent Debert, NS B0M1G0 Canada

(address)
John W. Nowlin

(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
TIAA 403B (mutual funds: AMDVX, RERGX, JLGMX, MEIKX, HRAUX, CSRIX, VIEIX, VINIX, VTSNX)

(name of corporation, firm or enterprise)
TIAA, 730 Third Avenue, New York, NY 10017-3206

(address)
John W. Nowlin

(name under which investment held)

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

(name of corporation, firm or enterprise)
TIAA, 730 Third Avenue, New York, NY 10017-3206

(address)
Sara M. Nowlin

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
FIDELITY INVESTMENTS IRA (mutual funds: FARMX, FELV, FNCMX, FSPTX, FXAIX)

(name of corporation, firm or enterprise)
Fidelity Investments, P.O. Box, 770001, Cincinnati, OH 45277-0003

(address)
John W. Nowlin

(name under which investment held)

SECTION 4- BUSINESS OR HOLDINGS, Continued

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.

g) Check appropriate box: More than \$1,000 More than \$12,500
ENS ENERSYS

(name of corporation, firm or enterprise)
2366 Bernville Road, Reading, PA 19605

(address)
John W. Nowlin

(name under which investment held)

h) Check appropriate box: More than \$1,000 More than \$12,500
RUN SUNRUN INC COM

(name of corporation, firm or enterprise)
225 Bush Street, Suite 1400, San Francisco, CA 94104

(address)
John W. Nowlin

(name under which investment held)

i) Check appropriate box: More than \$1,000 More than \$12,500
UNC ORP Optional Retirement Program housed in Fidelity Investments

(name of corporation, firm or enterprise)
Fidelity Investments, P.O. Box, 770001, Cincinnati, OH 45277-0003

(address)
John W. Nowlin

(name under which investment held)

j) Check appropriate box: More than \$1,000 More than \$12,500
GEHC GE HEALTHCARE TECHNOLOGIES INC COMMON STOCK

(name of corporation, firm or enterprise)
500 West Monroe Street, Chicago, IL 60661

(address)
John W. Nowlin

(name under which investment held)

k) Check appropriate box: More than \$1,000 More than \$12,500
GOEV CANOO INC COM CL A

(name of corporation, firm or enterprise)
19951 Mariner Avenue, Torrance, CA 90503

(address)
John W. Nowlin

(name under which investment held)

l) Check appropriate box: More than \$1,000 More than \$12,500
NEE NEXTERA ENERGY INC COM USD0.01

(name of corporation, firm or enterprise)
700 Universe Boulevard, Juno Beach, FL 33408

(address)
John Nowlin

(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) _____
(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) _____
(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)

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) _____
(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) _____
(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)

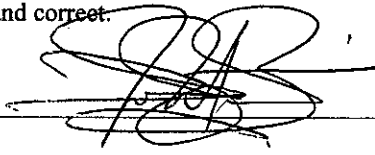
(business address) \$

(date of expense) (amount of expense)

(nature of expenditure)

SECTION 14- SIGNATURE

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



Signature

STATE OF ARKANSAS

COUNTY OF Craighead ss

Subscribed and sworn before me this 17th day of January, 2024.



Carrie Martin
Notary Public

My commission expires: 8/1/28

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.