

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 Baker Rinda Alice
(Last) (First) (Middle)
Address PO Box 837 Alma AR 72921
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 479-755-5360
Spouse's name Baker, John Christopher
(Last)(First)(Middle)
All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official _____
 Candidate State District Court Judge, Judicial District 5, Crawford County
(office held) (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) **FILED**
 School Board member _____
(name of school district) **JAN 24 2024**
 Candidate for school board _____
(name of school district) **Arkansas**
 Public or Charter School Superintendent _____
(name of school district/school) **Secretary**
 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

421 B, Inc - Rental income

(name of employer or source of income)

PO Box 700 Alma, AR 72921

(address)

421 B Inc / Rinda Baker

(name under which income received)

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

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

Baker Law Firm / Rinda Baker, PA

(name of employer or source of income)

1021 Fayetteville Rd, Van Buren, AR 72957

(address)

Rinda Baker

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Salary, income-legal fees

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

IntraLox LLC / Laitram Group

(name of employer or source of income)

301 Plantation Rd, Harahan, LA 70123

(address)

John C. Baker

(name under which income received)

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

d.) more than 12,500

NGP, LLC

83 Shoemaker Circle

Conway, AR 72032

J. Chris Baker - rental income

• **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.

- a) none

(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) none

(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

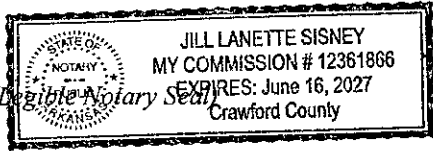
I certify under penalty of false swearing that the above information is true and correct.

Rinda Baker
Signature

STATE OF ARKANSAS

COUNTY OF Crawford } ss

Subscribed and sworn before me this 23rd day of January, 20 24.



Jill Sisney
Notary Public

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.

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

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SECTION 1- NAME AND ADDRESS

Name Baker Rinda Alice
(Last) (First) (Middle)
Address PO Box 837 Alma AR 72921
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 479-755-5360

Spouse's name Baker, John Christopher
(Last)(First)(Middle)

All names under which you and/or your spouse do business: _____
FILED
JAN 24 2024

Arkansas
Secretary of State

SECTION 2- REASON FOR FILING

- Public Official _____
- Candidate State District Court Judge, Judicial District 5, Crawford County
(office held) (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)

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

421 B, Inc - Rental Income
(name of employer or source of income)
PO Box 700 Alma, AR 72921
(address)
421 B Inc / Rinda Baker
(name under which income received)

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

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

Baker Law Firm / Rinda Baker, PA
(name of employer or source of income)
1021 Fayetteville Rd, Van Buren, AR 72950
(address)
Rinda Baker
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Salary/Income-legal fees

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

Intralox LLC / Lairtram Group
(name of employer or source of income)
301 Plantation Rd., Harahan, LA 70123
(address)
John C. Baker
(name under which income received)

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

d.) more than 12,500 NGP, LLC
83 Shoemaker Circle
Conway, AR 72032
J. Chris Baker - rental income

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
DGP, LLC
(name of corporation, firm or enterprise)
83 Shoemaker Circle, Conway, AR 72032
(address)
John Christopher Baker
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Wells Fargo
(name of corporation, firm or enterprise)
Po Box 77046, Minneapolis, MD 55480-9902
(address)
Rinda Baker
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
Fidelity Investments
(name of corporation, firm or enterprise)
PO Box 77001 Cincinnati, OH 45277-0001
(address)
John Christopher Baker
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
Edward Jones
(name of corporation, firm or enterprise)
1209 Hwy 71 North, Alma, AR 72921
(address)
John C. Baker Family Revocable Trust
(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
Today's Bank
(name of corporation, firm or enterprise)
115 Hwy 71 North, Alma, AR 72921
(address)
J. Chris & Rinda Baker
(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
APERS
(name of corporation, firm or enterprise)
Little Rock, AR
(address)
Rinda Baker
(name under which investment held)

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
Arvest Bank
(name of corporation, firm or enterprise)
1021 Dale St, Conway, AR
(address)
421 B, Inc; OGP, LLC; J. Chris & Rinda Baker
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Bank of the Ozarks
(name of corporation, firm or enterprise)
Alma, AR
(address)
J. Chris & Rinda Baker & Rinda Baker, PA
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
Citizens Bank
(name of corporation, firm or enterprise)
Van Buren, AR
(address)
Rinda Baker, PA
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
Marathon Petroleum Corp
(name of corporation, firm or enterprise)
7107 5th Ave, DY, DY 10153
(address)
John C. Baker
(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) 421 B, LLC Rinda Baker, PA
(name of business, corporation, firm, or enterprise)
PO BOX 700, Alma, AZ 72921 PO BOX 700, Alma, AZ 72921
(address)
President President
(office or directorship held)
Rinda Baker Rinda Baker
(name of office holder)

b) DGP, LLC
(name of business, corporation, firm, or enterprise)
83 Shoemaker Circle, Conway, AZ 72032
(address)
member/co-owner/shareholder
(office or directorship held)
John Christopher Baker
(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) N/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) 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 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) none

(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) none

(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.

- a) none

(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)

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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) none

(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.

Rinda Baker
Signature

STATE OF ARKANSAS

COUNTY OF Crawford SS

Subscribed and sworn before me this 23rd day of January, 20 24.



Jill Sisney
Notary Public

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).

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THE BAKER LAW FIRM

Attorneys at Law
1021 Fayetteville Road
Van Buren, Arkansas 72956
TELEPHONE: (479) 262-6992

RINDA BAKER, P.A.

rbaker@crawfordcountylaw.com

January 23, 2023

Arkansas Secretary of State
State Capitol, Room 026
Little Rock, AR 72701

Re: **Statement of Financial Interest**

To Whom it May Concern:

Enclosed please find my Statement of Financial Interest that was submitted via facsimile January 23, 2024. I have enclosed the original and a copy. Please file it and return the filed copy to me in the enclosed self addressed envelope.

Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Rinda Baker". The signature is written in black ink and is positioned above the printed name "Rinda Baker".

Rinda Baker