

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:

Cole Jester, Secretary of State
500 Woodlane Street
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3548

Calendar year covered 2024

(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 Jester Samuel Cole
(Last) (First) (Middle)
Address PO Box 21421 Little Rock AR 72211
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 5014353304

Spouse's name Jester Elizabeth Ann
(Last) (First) (Middle)

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

SECTION 2- REASON FOR FILING

- Public Official Secretary of State **FILED**
(office held) **JAN 31 2025**
- 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 _____
(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 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
Vanguard VOO S&P 500 Index Fund
(name of corporation, firm or enterprise)
100 Vanguard Boulevard, Malvern, Pennsylvania, 19355
(address)
Samuel Cole Jester
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Strive 500 ETF
(name of corporation, firm or enterprise)
6555 Longshore St, Dublin, OH 43017
(address)
Samuel Cole Jester
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
Birch Bend, LLC
(name of corporation, firm or enterprise)
PO Box 21421 Little Rock, AR 72211
(address)
Samuel Cole Jester
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
Regions Bank
(name of corporation, firm or enterprise)
1900 5th Ave N Birmingham, Alabama 35203
(address)
Samuel Cole Jester
(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
Simmons Bank
(name of corporation, firm or enterprise)
501 Main Street Pine Bluff, Arkansas
(address)
Elizabeth Jester
(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
Fidelity
(name of corporation, firm or enterprise)
900 Salem Street, Smithfield, RI 02917
(address)
Samuel Cole Jester
(name under which investment held)

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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

AGTHX Growth Fund

(name of corporation, firm or enterprise)

P.O. Box 2280 Norfolk, VA 23501

(address)

Elizabeth Jester

(name under which investment held)

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

AMECX Income Fund

(name of corporation, firm or enterprise)

P.O. Box 2280 Norfolk, VA 23501

(address)

Elizabeth Jester

(name under which investment held)

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

State Street Target Retirement 2060

(name of corporation, firm or enterprise)

One Congress Street, Boston, Massachusetts 02114

(address)

Elizabeth Jester

(name under which investment held)

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

American Funds New Perspective

(name of corporation, firm or enterprise)

P.O. Box 2280 Norfolk, VA 23501

(address)

Elizabeth Jester

(name under which investment held)

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

Fidelity Mid Cap Index Fund

(name of corporation, firm or enterprise)

900 Salem Street, Smithfield, RI 02917

(address)

Elizabeth Jester

(name under which investment held)

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

Fidelity 500 Index Fund

(name of corporation, firm or enterprise)

900 Salem Street, Smithfield, RI 02917

(address)

Elizabeth Jester

(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

JP Morgan Large Cap Growth Fund

(name of corporation, firm or enterprise)

270 Park Avenue, New York, NY 10017

(address)

Elizabeth Jester

(name under which investment held)

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

American Funds American Balanced Fund

(name of corporation, firm or enterprise)

P.O. Box 2280 Norfolk, VA 23501

(address)

Elizabeth Jester

(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 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)	<u>N/A</u>	
	(description of award)	
	<u></u>	
	(date)	(fair market value)
	<u></u>	
	(source of award)	
b)	<u></u>	
	(description of award)	
	<u></u>	
	(date)	(fair market value)
	<u></u>	
	(source of award)	
c)	<u></u>	
	(description of award)	
	<u></u>	
	(date)	(fair market value)
	<u></u>	
	(source of award)	
d)	<u></u>	
	(description of award)	
	<u></u>	
	(date)	(fair market value)
	<u></u>	
	(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)	<u>Law and Policy Forum</u>	
	(name of person or organization paying expense)	
	<u>2850 Eisenhower Ave, Alexandria, VA 22314</u>	
	(business address)	
	<u>August 15-18, 2024</u>	\$ <u>2,220.00</u>
	(date of expense)	(amount of expense)
	<u>Travel, Lodging, Food</u>	
	(nature of expenditure)	
b)	<u>ADF Senior Staff Retreat</u>	
	(name of person or organization paying expense)	
	<u>15100 N. 90th Street Scottsdale, AZ 85260</u>	
	(business address)	
	<u>April 18-21, 2024</u>	\$ <u>1780.00</u>
	(date of expense)	(amount of expense)
	<u>Travel, Lodging, Food</u>	
	(nature of expenditure)	

SECTION 14- SIGNATURE

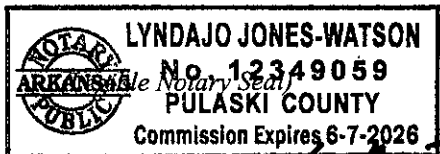
I certify under penalty of false swearing that the above information is true and correct.

[Handwritten Signature]

Signature

STATE OF ARKANSAS
COUNTY OF Pulaski } ss

Subscribed and sworn before me this 31st day of January, 20 25.



[Handwritten Signature: Lyndajo Jones Watson]

Notary Public

My commission expires: 6-7-26

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.