

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
 John Thurstall  
 Tom Martin, 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  
 Post Office Box 1917  
 Little Rock, AR 72203  
 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.

**SECTION 1- NAME AND ADDRESS**

Name PASTOR Randy  
(Last) (First) (Middle)  
 Address 2550 Adamsbrooke Dr Conway AR 72034  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
 Phone 501-350-7071  
 Spouse's name PASTOR Kathleen  
(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 19 2024
- Candidate \_\_\_\_\_ (office sought) Secretary of State
- District Judge \_\_\_\_\_ (name of municipality)
- City Attorney \_\_\_\_\_ (name of city)
- State Government: Agency Head/Department Director/Division Director Medical Director  
(name of agency/department/division) University Central Arkansas
- 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)
- 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 \_\_\_\_\_

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

**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

Access Medical Clinic AR, LLC  
(name of employer or source of income)  
3520 Preston OAKS Dr. Jonesboro AR 72404  
(address)  
Randy PASTOR D.O.  
(name under which income received)

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

- 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  
Exxon Mobil Corp  
(name of corporation, firm or enterprise)  
Stock traded on Dow Jones  
(address)  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Amazon COM INC.  
(name of corporation, firm or enterprise)  
Stock traded on Dow Jones  
(address)  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Wells Fargo Advisors LLC  
(name of corporation, firm or enterprise)  
Mutual Funds  
(address)  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Bank of America  
(name of corporation, firm or enterprise)  
Savings + checking accounts  
(address)  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Bank of the Ozark  
(name of corporation, firm or enterprise)  
Savings + checking accounts  
(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) Medical Director UCA Student Health Clinic  
(name of business, corporation, firm, or enterprise)  
201 Donaghey Ave Conway AR 72035  
(address)

Randy Pastor D.O.  
(office or directorship held)  
(name of office holder)

b) Medical Director Cabot Nursing + Rehab  
(name of business, corporation, firm, or enterprise)  
200 North Fort Dr, CABOT AR 72023  
(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) Rocket Mortgage - Home Mortgage Loan  
(name of creditor)

b) Wells Fargo - Car Loan  
(address of creditor)  
(name of creditor)

(address of creditor)

c) (name of creditor)

(address of creditor)

**SECTION 7- 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) None  
(name)

(address)

b) (name)

(address)

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**SECTION 8- 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) None  
(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)

f) (description of gift)

(date) (fair market value)

(source of gift)

g) (description of gift)

(date) (fair market value)

(source of gift)

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**SECTION 9- 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 10- 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)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(date of expense) \_\_\_\_\_ \$ \_\_\_\_\_  
(amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

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**SECTION 11- 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 12- 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)  
\_\_\_\_\_

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**SECTION 14- SIGNATURE**

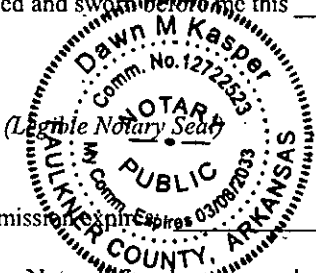
I certify under penalty of false swearing that the above information is true and correct.

[Signature]  
Signature

STATE OF ARKANSAS

COUNTY OF Faulkner ) ss

Subscribed and sworn before me this 12 day of January, 2024.



[Signature]  
Notary Public

My commission expires 3/8/2033

Note: If a 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.