

# 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) 682-3408

Calendar year covered 2025  
(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 Porter Austin  
Address 126 Eagle Ridge Maumelle AR 72113  
(Last) (First) (Middle)  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 5019522177  
Spouse's name Porter Hollie M  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: Hollie Porter

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_  
(office held)
- Candidate \_\_\_\_\_  
(office sought)
- District Judge \_\_\_\_\_  
(name of district)
- City Attorney \_\_\_\_\_  
(name of city)
- State Government: Agency Head/Department Director/Division Director AR Dept of Health  
(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**

**FEB 02 2026**

**Arkansas  
Secretary of State**



Section 3 – Sources of income addendum

D. More than \$12,500

Name of Employer: National University

Address of Employer: 9388 Lightwave Ave, San Diego, CA 92123

Name under which income received: Austin Porter

Provide a brief description of the nature of the services for which the compensation was received: Teaching faculty

E. More than \$1,000

Name of Employer: Database Professionals, LLC

Address of Employer: 126 Eagle Ridge, Maumelle, AR 72113

Name under which income received: Austin Porter

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

**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  
Amazon

(name of corporation, firm or enterprise)

410 Terry Ave, Seattle WA 98109

(address)

Hollie Porter

(name under which investment held)

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

(name of corporation, firm or enterprise)

2788 San Tomas Expressway, Santa Clara CA, 95051

(address)

Hollie Porter and Austin Porter

(name under which investment held)

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

(name of corporation, firm or enterprise)

1200 17th Street, Denver CO 80202

(address)

AustinPorter

(name under which investment held)

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

(name of corporation, firm or enterprise)

1 Dell Way, Round Rock, TX 78682

(address)

Austin Porter

(name under which investment held)

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

(name of corporation, firm or enterprise)

50 Hudson Yards, NY, NY 10001

(address)

AustinPorterandHolliePorter

(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) Database Professionals LLC  
 \_\_\_\_\_ (name of business, corporation, firm, or enterprise)  
 126 Eagle Ridge Maumelle, AR 72113  
 \_\_\_\_\_ (address)  
 Owner  
 Austin Porter \_\_\_\_\_ (office or directorship held)  
 \_\_\_\_\_ (name of office holder)

b) Resilient Life Counseling LLC  
 \_\_\_\_\_ (name of business, corporation, firm, or enterprise)  
 126 Eagle Ridge, Maumelle, AR 72113  
 \_\_\_\_\_ (address)  
 Owner  
~~Austin Porter~~ <sup>Holtz</sup> ~~AP~~ \_\_\_\_\_ (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) Newrez Mortgage  
 \_\_\_\_\_ (name of creditor)  
 1100 Virginia Drive, Fort Washington, PA, 19034  
 \_\_\_\_\_ (address of creditor)

b) Newrez Mortgage  
 \_\_\_\_\_ (name of creditor)  
 \_\_\_\_\_ (address of creditor)

c) Lightstream  
 \_\_\_\_\_ (name of creditor)  
 PO Box 117320, Atlanta, GA  
 \_\_\_\_\_ (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 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) \_\_\_\_\_  
(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) \_\_\_\_\_  
(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**

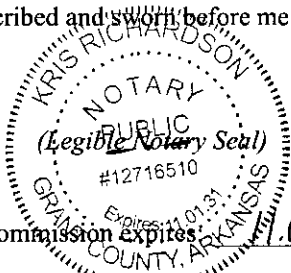
I certify under penalty of false swearing that the above information is true and correct.

  
\_\_\_\_\_  
Signature

STATE OF ARKANSAS

COUNTY OF Grant } ss

Subscribed and sworn before me this 15<sup>th</sup> day of January, 20 26.



Kris Richardson  
\_\_\_\_\_  
Notary Public

My commission expires 11.01.31

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.
- Executive directors of education service cooperatives file with the county clerk.

**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.