

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
 Mark Martin, Secretary of State
 State Capitol, Room 026
 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
 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 <u>SEWELL</u>	Name <u>GARY</u>	Name <u>WILSON</u>
(Last)	(First)	(Middle)
Address <u>400 Sunnybrook Lane</u>	Address _____	Address _____
(Street or P.O. Box Number)	(City)	(State)
Phone <u>870-814-3041</u>	Phone _____	Phone _____
(Zip Code)	(Zip Code)	(Zip Code)
Spouse's name <u>SEWELL</u>	Spouse's name <u>KRISTINA</u>	Spouse's name <u>RAE</u>
(Last)	(First)	(Middle)
All names under which you and/or your spouse do business: _____		

SECTION 2- REASON FOR FILING

<input type="checkbox"/>	Public Official _____	
	(office held)	FILED
<input type="checkbox"/>	Candidate _____	
	(office sought)	APR 13 2024
<input type="checkbox"/>	District Judge _____	
	(name of municipality)	Arkansas
<input type="checkbox"/>	City Attorney _____	Secretary of State
	(name of city)	
<input type="checkbox"/>	State Government: Agency Head/Department Director/Division Director _____	
	(name of agency/department/division)	
<input type="checkbox"/>	Chief of Staff or Chief Deputy _____	
	(name of Constitutional Officer, Senate, or House of Representatives)	
<input checked="" type="checkbox"/>	Public appointee to State Board or Commission <u>SOUTH ARKANSAS UNIVERSITY BOARD OF TRUSTEES</u>	
	(name of board/commission)	
<input type="checkbox"/>	School Board member _____	
	(name of school district)	
<input type="checkbox"/>	Candidate for school board _____	
	(name of school district)	
<input type="checkbox"/>	Public or Charter School Superintendent _____	
	(name of school district/school)	
<input type="checkbox"/>	Executive Director of Education Service Cooperative _____	
	(name of cooperative)	
<input checked="" type="checkbox"/>	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):	
	<input checked="" type="checkbox"/> Planning board or commission <u>SOUTH ARKANSAS UNIVERSITY BOARD OF TRUSTEES</u>	
	<input type="checkbox"/> Airport board or commission _____	
	<input type="checkbox"/> Water or Sewer board or commission _____	
	<input type="checkbox"/> Utility board or commission _____	
	<input type="checkbox"/> 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 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

GARY SEWELL 2000 TRUST (name of corporation, firm or enterprise)
3400 Junction City Highway El Dorado, Arkansas 71730
(address)
(name under which investment held)

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

G.S. DRILLING (name of corporation, firm or enterprise)
3400 Junction City Highway El Dorado, Arkansas 71730
(address)
(name under which investment held)

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

SEWELL OPERATING, INC. (name of corporation, firm or enterprise)
3400 Junction City Highway El Dorado, Arkansas 71730
(address)
(name under which investment held)

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

SEWELL DRILLING, LLC (name of corporation, firm or enterprise)
3400 Junction City Highway El Dorado, Arkansas 71730
(address)
(name under which investment held)

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

SEWELL LEASING, LLC (name of corporation, firm or enterprise)
3400 Junction City Highway El Dorado, Arkansas 71730
(address)
(name under which investment held)

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

SEWELL CATTLE CO., INC. (name of corporation, firm or enterprise)
3400 Junction City Highway El Dorado, Arkansas 71730
(address)
(name under which investment held)

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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) FIRST FINANCIAL BANK
315 WEST MAIN STREET (name of business, corporation, firm, or enterprise)
EL DORADO, ARKANSAS 71730
DIRECTORS FEES (address)
GARY SEWELL (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- 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) _____
(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)	_____	(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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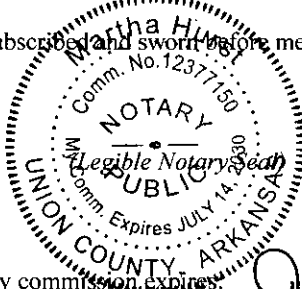
SECTION 13- SIGNATURE

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

Dany Lauer
Signature

STATE OF ARKANSAS
COUNTY OF UNION } ss

Subscribed and sworn to before me this 18th day of APRIL, 20 24



Martha H. Just
Notary Public

My commission expires: July 14, 2030

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.
- 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.
- Municipal judges and city attorneys file with the city clerk of the municipality in which they serve.
- 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.
- * 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.

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