

# 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 GARner Gregg B  
(Last) (First) (Middle)  
 Address 4684 Hwy 135 LAke City Ar 72437  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
 Phone 870 930 5009  
 Spouse's name GARner Shelia D  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: GARner Farms / GARner Inc / Firson Inc / Justice Inc / Delta Farms of Lake City  
GARner & Mall Partnership / 2 Rivers Farm Inc / Delta Farms of Lake City

**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 \_\_\_\_\_  
(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 Arkansas Bollweevil Eradication Committee  
(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  
 JAN 12 2026

Arkansas Secretary of State

**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 Drange District 29
  - Airport board or commission \_\_\_\_\_
  - Water or Sewer board or commission St Francis Real Water District
  - 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 your 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

Selfemployed  
(name of employer or source of income)  
4684 Hwy 135 Lake City Ar 72437  
(address)  
GARner Farms / Garner Inc / Firms Inc / Outsmo Inc / GARner & Wall Part / 2 Rivers Inc  
Delta Farms US Lake City  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Row Crop Farming

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

DEC Ergins  
(name of employer or source of income)  
5599 Hwy 135 Lake City Ar 72437  
(address)  
Gregg Garner  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Power Unit repair + sales

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

Cadence Bank / First Horizon Bank / First National Bank / Unico Bank  
(name of employer or source of income)  
Jonesboro Ar / Jonesboro Ar / Paragould Ar / Lake City Ar  
(address)  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Interest 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  
GARNER FARMS GARNER Inc  
(name of corporation, firm or enterprise)  
4684 Hwy 135 LAKE CITY AR 72437  
(address)  
Gregg GARNER and Shelia GARNER  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
DEC Engines  
(name of corporation, firm or enterprise)  
5599 Hwy 135 LAKE CITY AR 72437  
(address)  
Gregg GARNER  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
GARNER & NALL Partnership Firma Inc  
(name of corporation, firm or enterprise)  
782 Hwy 135 LAKE CITY AR 72437  
(address)  
Gregg GARNER Shelia GARNER  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Delta FARMS of Lake City  
(name of corporation, firm or enterprise)  
782 Hwy 135 LAKE CITY AR 72437  
(address)  
Gregg GARNER  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Two Rivers FARM Inc  
(name of corporation, firm or enterprise)  
782 Hwy 135 LAKE CITY AR 72437  
(address)  
Gregg GARNER  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Outcrop Inc  
(name of corporation, firm or enterprise)  
782 Hwy 135 LAKE CITY AR  
(address)  
Gregg GARNER  
(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) Drainage District 29  
(name of business, corporation, firm, or enterprise)  
PO Box 8007 Jonesboro Ar 72401  
(address)  
Commissioner  
(office or directorship held)  
Chairman  
(name of office holder)

b) St. Francis Real Water District  
(name of business, corporation, firm, or enterprise)  
129 Hwy 135 PARAGOULD Ar 72450  
(address)  
Director  
(office or directorship held)  
Chairman  
(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) N/A  
(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) \_\_\_\_\_  
(name of governmental body) \_\_\_\_\_ (address of governmental body)  
\_\_\_\_\_  
(amount owed) N/A \_\_\_\_\_ (nature of the obligation)

b) \_\_\_\_\_  
(name of governmental body) \_\_\_\_\_ (address of governmental body)  
\_\_\_\_\_  
(amount owed) \_\_\_\_\_ (nature of the obligation)



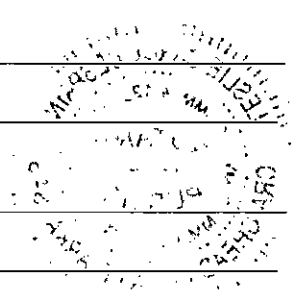


**SECTION 12- DIRECT REGULATION OF BUSINESS**

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)

*N/A*



**SECTION 13- SALES TO GOVERNMENTAL BODY**

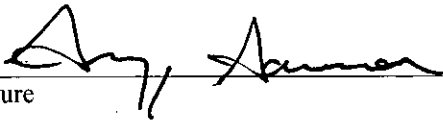
List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more 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)

*N/A*

**SECTION 14- SIGNATURE**

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

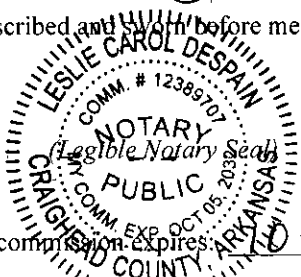
  
Signature

STATE OF ARKANSAS

COUNTY OF Craighead } ss

Subscribed and sworn to before me this 6th day of January, 2026.

  
Notary Public



My commission expires: 10-5-2032

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.