

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
John Thurston, 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  
Phone (501) 324-9600  
Toll Free (800) 422-7773

Is this an amendment?  Yes  No

Arkansas  
Secretary of State

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 Chrestman Keith Lassetter  
(Last) (First) (Middle)  
Address P.O. Box 128 Jonesboro 72403-0128  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 870-933-8517  
Spouse's name McCasland-Chrestman Leslie Dawn  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: Information attached.

FILED  
JAN 9 2024

Arkansas  
Secretary of State

## SECTION 2- REASON FOR FILING

- Public Official Circuit Judge  
(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 (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)

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.  
Revised 12/2017

**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

State of Arkansas  
\_\_\_\_\_  
(name of employer or source of income)  
Judicial Branch Address: 625 Marshall Street, Little Rock, AR 72201  
\_\_\_\_\_  
(address)  
Keith L. Chrestman  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received      Circuit Judge

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

Leslie McCasland, M.D., P.A.  
\_\_\_\_\_  
(name of employer or source of income)  
Business Address: 2231 Hill Park Cove, Jonesboro, AR 72401  
\_\_\_\_\_  
(address)  
Leslie McCasland  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Compensation received for medical services and in-office related services.

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

Arthritis & Rheumatism Associates, LLC  
\_\_\_\_\_  
(name of employer or source of income)  
Business Address: 2231 Hill Park Cove, Jonesboro, AR 72401  
\_\_\_\_\_  
(address)  
Leslie McCasland, M.D., P.A.  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received      Arthritis & Rheumatism Associates, LLC manages the medical and in-office services provided by Leslie McCasland, M.D., P.A. and Beata Majewski, M.D., P.A.

ADDITIONAL SOURCE OF INCOME INFORMATION ATTACHED

**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) Chrestman Group, PLLC  
(name of business, corporation, firm, or enterprise)  
Business Address: 624 South Main Street, Suite 204, Jonesboro, AR 72401  
(address)  
Sole Member  
(office or directorship held)  
Keith L. Chrestman  
(name of office holder)

b) Leslie McCasland, M.D., P.A.  
(name of business, corporation, firm, or enterprise)  
Business Address: 2231 Hill Park Cove, Jonesboro, AR 72401  
(address)  
Chairman of the Board of Directors and Secretary  
(office or directorship held)  
Leslie McCasland, M.D.  
(name of office holder)

**ADDITIONAL OFFICE OR DIRECTORSHIP INFORMATION ATTACHED**

**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) Based on information, belief, and understanding, nothing that,  
under Ark. Code Ann. § 21-8-701(d)(6), required to be reported.  
(name of creditor)  
(address of creditor)

b) \_\_\_\_\_  
(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) Based on information, belief, and understanding, nothing that,  
under Ark. Code Ann. § 21-8-701(d)(7), required to be reported.  
(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 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.

Based on information, belief, and understanding, nothing that, under Ark. Code Ann. § 21-8-701(d)(10), required to be reported.

a) \_\_\_\_\_  
(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 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.

Based on information, belief, and understanding, nothing that, under Ark. Code Ann. § 21-8-701(d)(11), required to be reported.

a) \_\_\_\_\_  
(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)  
\_\_\_\_\_  
(business address) \$ \_\_\_\_\_  
(date of expense) (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

**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) Chrestman Group, PLLC  
(name of business)  
Arkansas Supreme Court  
(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)

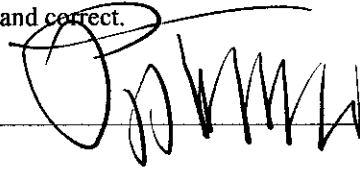
**SECTION 13- SALES TO GOVERNMENTAL BODY**

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) Please see attached.  
(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 CRAIGHEAD } ss

Subscribed and sworn before me this 29th day of January, 2024.

  
Notary Public

My commission expires: 02/17/2031

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.

**SECTION 1-NAME AND ADDRESS**

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

- Keith Chrestman
- Keith L. Chrestman
- Chrestman Group, PLLC
- Leslie D. Chrestman
- Leslie McCasland
- Leslie D. McCasland
- Leslie D. McCasland-Chrestman
- Leslie McCasland, M.D.
- Leslie D. McCasland, M.D.
- Leslie McCasland, M.D., P.A.
- Arthritis & Rheumatism Associates, LLC
- Keith L. Chrestman and Leslie D. McCasland-Chrestman, Joint Tenants
- Keith L. Chrestman and Leslie D. McCasland-Chrestman, Joint Tenants by Entirety
- Leslie McCasland Beneficiary of Genevieve T. McCasland
- Keith Chrestman and Leslie McCasland
- Meducia, LLC

**SECTION 3-SOURCE OF INCOME**

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

Name of Source of Income:            T. Rowe Price  
Corporate Headquarters:            100 East Pratt Street, Baltimore, Maryland 21202  
Name Received Under:            Keith L. Chrestman and Leslie D. McCasland-Chrestman, Joint Tenants  
Nature of Services:            Compensation received from dividend income.

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

Name of Source of Income:            First National Bank  
Business Address:            200 W Court St, Paragould, AR 72450  
Name Received Under:            Leslie McCasland Beneficiary of Genevieve T. McCasland  
Nature of Services:            Received as a beneficiary of Genevieve T. McCasland's IRA Account



- Thrivent Government Bond
- Thrivent Mid Cap Index
- Thrivent Global Stock
- Thrivent International Allocation

Corporate Center: 600 Portland Avenue S., Suite 100, Minneapolis, MN 55415-4402  
 Name: Leslie D. Chrestman

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

Name: Voya Financial (Arkansas Diamond Deferred Compensation Plan)

Funds:

- BlackRock Treasury Trust Fund
- Federated Gov Oblig Tax Mngd
- Diversified Interest Guarantee
- BlackRock Lifepath Retirement
- BlackRock Lifepath Index 2025
- BlackRock Lifepath Index 2030
- BlackRock Lifepath Index 2035
- BlackRock Lifepath Index 2040
- BlackRock Lifepath Index 2045
- BlackRock Lifepath Index 2050
- BlackRock Lifepath Index 2055
- BlackRock Lifepath Index 2060
- T Rowe Price SmCap Value (\$2,100.31)
- Valic Fixed Account Plus
- Vanguard Total Bond Index
- BlackRock Low Duration (\$3,950.65)
- Baird Core Plus (\$3,916.41)
- Loomis Sayles Global Bond (\$2,978.58)
- Lord Abbett High Yield (\$1,511.66)
- Vanguard Institutional Index
- PGIM Jennison Growth (\$4,741.71)
- Dodge & Cox Stock Fund (\$4,566.15)
- T. Rowe Price Mid Cap Value (\$1,219.04)
- Invesco Discovery Mid Cap Grth (\$1,556.79)
- T Rowe Price Science & Tech
- Invesco Discovery (\$2,163.49)
- Vanguard FTSE All-World ex US
- Columbia Overseas Value Instl (\$899.80)

- Wasatch International Growth (\$870.88)
- Invesco Developing Markets
- Nationwide Fixed

Corporate Center: 230 Park Avenue, New York, NY 10169  
 Name: Keith L. Chrestman

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

Name: Nebraska Educational Savings Plan Trust (College Savings Plan)

Funds:

- Age-Based Aggressive 19+ A
- Fidelity Total Intl Index 529A
- State Street Equity 500 Index A
- Vanguard Explorer 529A

Business Address: 3560 South 48th Street, Lincoln, NE 68506  
 Name: Keith Chrestman

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

Name: Merrill Lynch (401(k) Plan) Funds:

- BLF FEDFUND CASH RESERVE
- INVESCO EMERGING MARKETS SOVEREIGN DEBT ETF
- INVESCO PREFERRED ETF
- ISHARES IBOXX \$ INVT GRADE CORP BD
- ISHARES INC CORE MSCI EMERGING MKTS ETF
- ISHARES MBS ETF
- ISHARES TIPS BOND ETF
- ISHARES TR CORE MSCI EAF ETF
- ISHARES 20+ YEAR TREASURY BOND ETF
- SCHWAB SHORT-TERM U.S. TREASURY ETF
- VANGUARD GROWTH ETF
- VANGUARD INTERM-TERM GOVT BD
- VANGUARD SCOTTSDALE FDS VANGUARD INTERME
- VANGUARD SHORT-TERM CORPORATE BOND
- VANGUARD SMALL CAP GROWTH ETF
- VANGUARD SMALL CAP VALUE ETF
- VANGUARD TOTAL INTERNATL BOND ETF
- VANGUARD VALUE ETF

Business Address: One Bryant Park, New York, NY 10036  
Name: Leslie McCasland

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

Name: Transamerica (401(k) Plan) Fund: TRS Stable Pooled Fund.  
Business Address: 440 Mamaroneck Avenue, Harrison, NY 10528  
Name: Leslie McCasland

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

Name: Lincoln Financial Group (401(k) Plan) Funds:  
• CHMPLN MIDCP  
• HARBOR INTL  
• VNGRD CORE BOND  
• VNGRD INDX  
• VNGRD RSSLL 2000 INDX  
• LINCOLN STABLE VALUE ACCOUNT -Z174  
• VNGRD TTL BOND MRKT INDX  
• AM FDS EUPAC GRWTH  
• AM FDS THE GRWTH OF AMER  
• AM FDS WASH MUTL INVST  
• LNGLEAF PRTNR SMCP  
Business Address: P.O. Box 7876, Fort Wayne, IN 46801-7876  
Name: Leslie McCasland

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

Name: First National Bank (Certificate of Deposit)  
Business Address: 200 W Court St, Paragould, AR 72450  
Name: Keith Chrestman

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

Name: First National Bank (Genevieve T. McCasland's IRA Account  
(Certificate of Deposit))

## **SECTION 13-SALES TO GOVERNMENTAL BODY**

- b) Based on information, belief, and understanding, nothing that, under Ark. Code Ann. § 21-8-701(d)(13), required to be reported. But, for clarity, spouse is a physician, and as a physician, she received payment for services from various third-party payers, including government-financed third-party payers (e.g., Medicaid).

Keith L. Chrestman  
P.O. Box 128  
Jonesboro, AR 72403-0128

January 29, 2024

The Honorable John Thurston  
Arkansas Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201

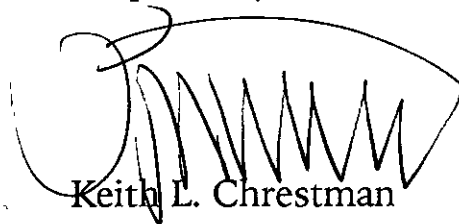
RE: Statement of Financial Interest (Keith L. Chrestman)

Dear Mr. Secretary:

Enclosed is my Statement of Financial Interest, due 31 January 2024.  
On 29 January 2022, I sent you the same by facsimile.

If you have any questions or comments, please contact me.

Respectfully,



Keith L. Chrestman

Enclosure