

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
John Thurston, Secretary of State  
500 Woodlane Street  
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  
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 Slaton, Nathan, Alan  
(Last) (First) (Middle)  
Address 510 Madison 8731 Huntsville AR 72740  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 479-263-1447

Spouse's name Slaton, Jamie, Marlene  
(Last) (First) (Middle)

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

## 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 State Plant Board Committee (Ex Officio Member)  
(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 08 2025  
Arkansas  
Secretary of State



**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  
UARK Federal Credit Union  
(name of corporation, firm or enterprise)  
50 W. Van Asche, POB 10260, Fayetteville, AR 72703  
(address)  
Nathan Alan Slaton  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Unify Financial; Credit Union  
(name of corporation, firm or enterprise)  
POB 10018, Manhattan Beach, CA 90267  
(address)  
Jamie M Slaton  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Capital One N.A.  
(name of corporation, firm or enterprise)  
POB 30249, Salt Lake City, UT 84130  
(address)  
Jamie Slaton  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
TIAA  
(name of corporation, firm or enterprise)  
POB 1288, South Windsor, CT 06074  
(address)  
Nathan A Slaton  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Arvest Bank  
(name of corporation, firm or enterprise)  
P.O. Box 799, Lowell, AR 72745  
(address)  
Nathan and Jamie Slaton  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Bank of OZK  
(name of corporation, firm or enterprise)  
P.O. Box 8811 Little Rock, AR 72231  
(address)  
Jamie Slaton  
(name under which investment held)

g) Check appropriate box:  More than \$1,000  More than \$12,500  
Harps Food Stores  
(name of corporation, firm or enterprise)  
918 S Gutensohn Av, PO Box 48, Springdale, AR 72765  
(address)  
Jamie Slaton  
(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) Nothing to Report  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(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) Franklin American Mortgage Company  
(name of creditor)  
POB 77404, Ewing NJ, 08628  
(address of creditor)

b) Truist Bank  
(name of creditor)  
214 N Tryon St Charlotte, NC, 28202-1078  
(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) Nothing to Report – Not Applicable  
(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 8- 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) Nothing to Report – Not Applicable \_\_\_\_\_  
(name)

\_\_\_\_\_ (address)

b) \_\_\_\_\_  
(name)

\_\_\_\_\_ (address)

**SECTION 9- 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) Nothing to Report – Not Applicable \_\_\_\_\_  
(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)

**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.

a) Nothing to Report – Not Applicable  
(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.

a) Nothing to Report – Not Applicable  
(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 14- SIGNATURE**

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

*Nathan A. Stacey*  
Signature

STATE OF ARKANSAS

COUNTY OF Washington } ss

Subscribed and sworn before me this 8 day of January, 2025.



*Demetra Stacey*  
Notary Public

My commission expires: 3/21/2034

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:**

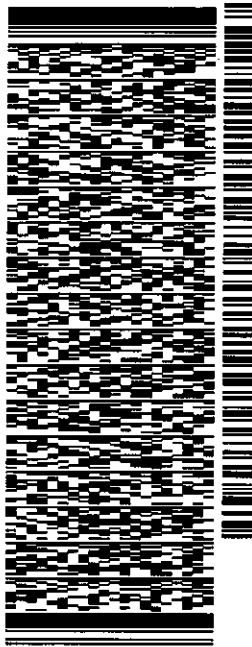
- \* The Statement of Financial Interest should be filed by January 31 of each year.
- \* The filing covers the previous calendar year.
- \* Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period 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.

ORIGIN ID: FVVA (479) 502-9803  
 D. SAFFIRE ON BEHALF OF N. SLATON  
 DIV OF AGRICULTURE EXPERIMENT STATION  
 1371 W. ALTHEIMER DRIVE  
 DON TYSON CENTER FOR AGRIC SCIENCES  
 FAYETTEVILLE, AR 72704  
 UNITED STATES US

SHIP DATE: 08 JAN 25  
 ACTWGT: 0.50 LB  
 CAD: 5605079/N/NET4760  
 BILL SENDER

TO **JOHN THURSTON**  
**ARKANSAS SECRETARY OF STATE**  
**500 WOODLANE STREET**

**LITTLE ROCK AR 72201**  
 (501) 682-5070 REF: SLATON PLANT BOARD  
 INV. DEPT.  
 PO.



58CJ15046/06C4

TRK# 7713 0077 6953  
 0201  
 THU - 09 JAN 12:00P  
 PRIORITY OVERNIGHT

**X2 LITA**  
 AR-US  
**72201**  
**LIT**



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
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3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.