

# 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 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

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 Nations Graham Huland  
(Last) (First) (Middle)  
Address PO Box 979 Prairie Grove Arkansas 72753  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 479-846-5551

Spouse's name Nations Melanie Louise  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Nations Hardwood Company, Inc.

## SECTION 2- REASON FOR FILING

Public Official \_\_\_\_\_  
(office held)

Candidate \_\_\_\_\_  
(office sought)

X District Judge Washington County District Court (District 2) Division 2  
(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)

**FILED**

**JAN 25 2024**

**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 \_\_\_\_\_

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)

Auditor of State, Capital, 500 Woodlawn, Suite 200, Little Rock, AR 72201

(address)

\_\_\_\_\_ Graham Nations \_\_\_\_\_

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Compensation for serving as Judge \_\_\_\_\_

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

\_\_\_\_\_ Prairie Grove School District \_\_\_\_\_

(name of employer or source of income)

\_\_\_\_\_ 110 School St. Prairie Grove, AR 72753 \_\_\_\_\_

(address)

\_\_\_\_\_ Melanie Nations \_\_\_\_\_

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_ employment of spouse as a teacher \_\_\_\_\_

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

\_\_\_\_\_ Dan Bush \_\_\_\_\_

(name of employer or source of income)

\_\_\_\_\_ 503 E. Center St., Prairie Grove, AR 72753 \_\_\_\_\_

(address)

\_\_\_\_\_ Graham and Melanie Nations \_\_\_\_\_

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_ rent payments \_\_\_\_\_

**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  
Russell Lifepoints Growth Strategy Fund  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
Russell Investment Company 1301 Second Ave., Seattle, WA 98101  
\_\_\_\_\_  
(address)  
Graham and Melanie Nations  
\_\_\_\_\_  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Wells Fargo Bank, NA  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
420 Montgomery St. San Francisco, CA 94101  
\_\_\_\_\_  
(address)  
Graham and Melanie Nations, Graham Nations  
\_\_\_\_\_  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Arvest Bank (Various Checking, Savings, and Money Market Accounts  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
PO Box 207, Prairie Grove, AR 72753  
\_\_\_\_\_  
(address)  
Graham and Melanie Nations  
\_\_\_\_\_  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Nations Hardwood Company, Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
304 Battle St., Prairie Grove, AR 72753  
\_\_\_\_\_  
(address)  
Graham Nations  
\_\_\_\_\_  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Arkansas Diamond Plan  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
Graham Nations  
\_\_\_\_\_  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Russell Lifepoints Equity Growth Strategy Fund  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
1301 Second Ave., Seattle, WA 98101  
\_\_\_\_\_  
(address)  
Graham Nations  
\_\_\_\_\_  
(name under which investment held)

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  
Con Agra Brands

(name of corporation, firm or enterprise)

222 W. Merchandise Mart Plaza, Chicago, IL 60654

(address)

Graham and Melanie Nations

b) Check appropriate box:  More than \$1,000 More than \$12,500  
American Funds Growth Fund of America

(name of corporation, firm or enterprise)

One Market Steuart Tower, Ste. 1800, San Francisco, CA 94105-1800

(address)

Graham and Melanie Nations

(name under which investment held)

c) Check appropriate box:  More than \$1,000 More than \$12,500  
The Hartford Capital Appreciation Fund

(name of corporation, firm or enterprise)

ITT Hartford Group NC, PO Bos 2999, Hartford, CT 06115

(address)

Graham and Melanie Nations

(name under which investment held)

d) Check appropriate box:  More than \$1,000 More than \$12,500  
Invesco American Franchise Fund

(name of corporation, firm or enterprise)

AIM Counselor Series Trust, 1 Greenway Plaza, Ste 100, Houston, TX 47014

(address)

Graham and Melanie Nations

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(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 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.

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

- a) Check appropriate box:  More than \$1,000 More than \$12,500  
 American Funds Investment Company of America  
 (name of corporation, firm or enterprise)  
 333 S. Hope St., Los Angeles, CA 90071-1406  
 (address)  
 Graham Nations  
 (name under which investment held)
- b) Check appropriate box:  More than \$1,000 More than \$12,500  
 American Funds New Economy Fund  
 (name of corporation, firm or enterprise)  
 333. S. Hope St., Los Angeles, CA 90071-1406  
 (address)  
 Graham Nations  
 (name under which investment held)
- c) Check appropriate box:  More than \$1,000 More than \$12,500  
 American Funds AMCAP Fund  
 (name of corporation, firm or enterprise)  
 333 S. Hope St., Los Angeles, CA 90071  
 (address)  
 Graham Nations  
 (name under which investment held)
- d) Check appropriate box:  More than \$1,000 More than \$12,500  
 American Funds New Perspective Fund  
 (name of corporation, firm or enterprise)  
 333 S. Hope St., Los Angeles, CA 90071  
 (address)  
 Graham and Melanie Nations; Graham Nations  
 (name under which investment held)
- e) Check appropriate box:  More than \$1,000 More than \$12,500  
 American Funds Washington Mutual Investors Fund, Inc.  
 (name of corporation, firm or enterprise)  
 333 S. Hope St., Los Angeles, CA 90071  
 (address)  
 Melanie Nations F/B/O Eleanor Nations; Melanie Nations F/B/O Maggie Nations  
 (name under which investment held)
- f) Check appropriate box:  More than \$1,000 More than \$12,500  
 American Funds Income Fund of America  
 (name of corporation, firm or enterprise)  
 One Market Steuart Tower Ste. 1800, San Francisco, CA 94105-1800  
 (address)  
 Melanie Nations F/B/O Eleanor Nations; Melanie Nations F/B/O Maggie Nations  
 (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) NationsHardwood Company, Inc. (name of business, corporation, firm, or enterprise)  
304 Battle St., Prairie Grove, AR 72753 (address)  
President and Director (office or directorship held)  
Graham Nations (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) Arvest Bank (name of creditor)  
PO Box 207, Prairie Grove, AR 72753 (address of creditor)  
b) Subaru Motor Finance (name of creditor)  
PO Box 90137, Fort Worth, TX 76101 (address of creditor)  
c) Bank of America (name of creditor)  
PO Box 15220, Wilmington, DE 19886 (address of creditor)  
d) Ford Motor Credit  
PO Box 542000, Omaha, NE 68154

**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 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)Melanie Nations

(name)

PO Box 979, Prairie Grove, AR 72753

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

(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 14- SIGNATURE**

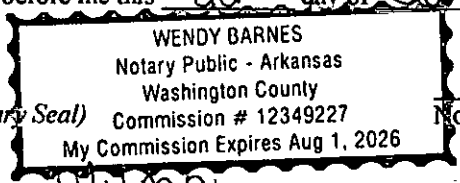
I certify under penalty of false swearing that the above information is true and correct.

  
\_\_\_\_\_  
Signature

STATE OF ARKANSAS .

COUNTY OF Washington } ss

Subscribed and sworn before me this 22nd day of January, 2024.



Wendy Barnes  
\_\_\_\_\_  
Notary Public

My commission expires: 8/1/2026

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 4- BUSINESS OR HOLDINGS**

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