

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

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 FOSTER HARRY GREGORY
(Last) (First) (Middle)
Address ~~2500~~ P.O. BX 1105 CONWAY AR 72033
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-450-4925
Spouse's name NONE
(Last) (First) (Middle)
All names under which you and/or your spouse do business: H.G. FOSTER

SECTION 2- REASON FOR FILING

- Public Official CIRCUIT JUDGE 20TH JUD DIST.
(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)

FILED

JAN 31 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 AR

(name of employer or source of income)

714 WOODLAWN, L.P. AR 72201

(address)

(name under which income received)

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

SALARY AS
CIRCUIT JUDGE

b) Check appropriate box:

More than \$1,000

More than \$12,500

SOCIAL SECURITY

(name of employer or source of income)

FEDERAL HIGHWAY, CAPITAL AVE, L.P. AR

(address)

72201

(name under which income received)

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

c) Check appropriate box:

More than \$1,000

More than \$12,500

STATE OF AR

(name of employer or source of income)

714 WOODLAWN, L.P. AR, 72201

(address)

(name under which income received)

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

RETIREMENT AS
STATE EMPLOYEE/OFFICIAL

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
 EXXON-MOVAL
 (name of corporation, firm or enterprise)
 5959 LAS COLINAS BLVD, IRVING TX 75039
 (address)
 J.E. & LILLIAN FOSTER TRUST, H.G. FOSTER TRUST
 (name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
 PROCTER & GAMMEL
 (name of corporation, firm or enterprise)
 PROFESSIONAL 2 P&G PLAZA, CINCINNATI, OHIO
 (address) 45202
 H.G. FOSTER
 (name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
 VANGUARD
 (name of corporation, firm or enterprise)
 P.O. BX 982903, EL PASO, TX 79998-2903
 (address)
 H.G. FOSTER
 (name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
 VANGUARD
 (name of corporation, firm or enterprise)
 P.O. BX 982903, EL PASO, TX 79998-2903
 (address)
 J.E. & LILLIAN FOSTER TRUST, H.G. FOSTER TRUST
 (name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
 VICTORY CAPITAL
 (name of corporation, firm or enterprise)
 VICTORY/USAA P.O. BX 55354, BOSTON, MA
 (address) 02205-5354
 H.G. FOSTER
 (name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
 VICTORY CAPITAL
 (name of corporation, firm or enterprise)
 VICTORY/USAA P.O. BX 55354, BOSTON, MA 02205-5354
 (address)
 J.E. & LILLIAN FOSTER TRUST, H.G. FOSTER TRUST
 (name under which investment held)

g) ~~SANTA MONICA DWM 1150 MONTE VISTA MORE THAN 12,500
 BLVD, LOS ANGELES, CA 90025
 SANTA MONICA CLUB, LOS ANGELES, CA 90025
 FOSTER TRUST, H.G. FOSTER TRUST~~

h) ~~ED. d JONES 200 N. BROADWAY MORE THAN 12,500
 #135 ST. LOUIS, MO
 H.G. FOSTER MORE THAN 1000~~

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 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) ~~SWA~~ N/A
(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) N/A e my UNDERSTANDING OF INSURANCE
(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) NONE
(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.

a) N/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.

a) N/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)

