

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) 682-3548

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

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)

FILED

JAN 28 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

Chrestman Group, PLLC

(name of corporation, firm or enterprise)

Business Address: 624 South Main Street 204, Jonesboro, AR 72401

(address)

Keith L. Chrestman

(name under which investment held)

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

Leslie McCasland, M.D., P.A.

(name of corporation, firm or enterprise)

Business Address: 2231 Hill Park Cove, Jonesboro, AR 72401

(address)

Leslie D. McCasland, M.D.

(name under which investment held)

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

Arthritis & Rheumatism Associates, LLC

(name of corporation, firm or enterprise)

Business Address: 2231 Hill Park Cove, Jonesboro, AR 72401

(address)

Leslie D. McCasland

(name under which investment held)

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

T. Rowe Price (Mutual Funds: TRADX, PRUIX, TRSTX)

(name of corporation, firm or enterprise)

Corporate Headquarters: 100 East Pratt Street, Baltimore, MD 21202

(address)

Keith L. Chrestman and Leslie D. McCasland-Chrestman, Joint Tenants

(name under which investment held)

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

Thrivent (SEP Account) Fund: TMAAX

(name of corporation, firm or enterprise)

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

(address)

Keith L. Chrestman

(name under which investment held)

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

Thrivent (IRA Account) Fund: TMAAX

(name of corporation, firm or enterprise)

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

(address)

Keith L. Chrestman

(name under which investment held)

ADDITIONAL SOURCE OF BUSINESS OR HOLDINGS 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) Encore Bank
(name of creditor)
2211 Browns Lane, Jonesboro, AR 72401
(address of creditor)

b) Based on information, belief, and understanding nothing further that, under Ark. Code Ann. § 21-8-701(d)(6), required to be reported.
(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)

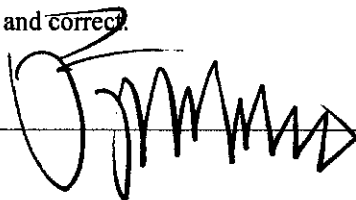
(governmental body to whom sold)

(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 27th day of January, 20 25.



Notary Public

(Legible Notary Seal)



My commission expires:

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: Mutual Funds Investment 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

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

Name of Source of Income: Encore Bank
Business Address: 2211 Browns Lane, Jonesboro, AR 72401
Name Received Under: Keith Chrestman
Nature of Services: Certificate of Deposit Interest Income

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

Name of Source of Income: Encore Bank
Business Address: 2211 Browns Lane, Jonesboro, AR 72401
Name Received Under: Keith Chrestman and Leslie McCasland
Nature of Services: Certificate of Deposit Interest Income

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

Name of Source of Income: Arvest Bank
Business Address: 2009 Browns Lane, Jonesboro, AR 72401
Name Received Under: Keith L. Chrestman and Leslie D. McCasland
Nature of Services: Certificate of Deposit Interest Income

Based on information, belief, and understanding, nothing further that, under Ark. Code Ann. §§ 21-8-402(7), 21-8-701(d)(3), required to be reported.

SECTION 4-BUSINESS OR HOLDINGS

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

Name: Thrivent (Variable Universal Life Policy) Funds:
 • Thrivent Large Cap Index
 • Thrivent Small Cap Index
 • 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: Keith L. Chrestman

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

Name: Thrivent (IRA Account) Fund: THMAX
Corporate Center: 600 Portland Avenue S., Suite 100, Minneapolis, MN 55415-4402
Name: Leslie D. Chrestman

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

Name: Thrivent (Variable Universal Life Policy) Funds:
• Thrivent Large Cap Index
• Thrivent Small Cap Index
• 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:
• T Rowe Price Sm Cap Value I
• BlackRock Low Duration
• Baird Core Plus
• Loomis Sayles Global Bond
• BlackRock High Yield K
• PGIM Jennison Growth Fund
• Dodge & Cox Stock
• T Rowe Price Mid Cap Value
• Invesco Discovery Mid Cap Grth
• Invesco Discovery
• Columbia Overseas Value Instl
• T Rowe Price Intl Discovery I
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 (Symbol):

- BUPXX
- BFRXX
- PCY
- PGX
- IEMG
- MBB
- TIP
- IEFA
- TLT
- SCHO
- VUG
- VGIT
- VCIT
- VCSH
- VBK
- VBR
- BNDX
- VTV

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))

Business Address: 200 W Court St, Paragould, AR 72450

Name: Leslie McCasland Beneficiary of Genevieve T. McCasland

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

Name: Real Property (joint-tenancy interest)

Address: 313 North Main, Bono, AR 72416

Name: Leslie D. McCasland-Chrestman

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

Name: Invesco ETF (KBWY)

Address: Two Peachtree Pointe, 1555 Peachtree Street, N.E., Suite 1800,
Atlanta, GA 30309

Name: Keith L. Chrestman and Leslie D. McCasland-Chrestman, Joint
Tenants by Entirety

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

Name: Invesco ETF (DGL)

Address: Two Peachtree Pointe, 1555 Peachtree Street, N.E., Suite 1800,
Atlanta, GA 30309

Name: Keith L. Chrestman and Leslie D. McCasland-Chrestman, Joint
Tenants by Entirety

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

Name: State Mutual Insurance Company

Address: P.O. Box 11864, Winston-Salem, NC 27116

Name: Keith L. Chrestman

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

Name: Encore Bank (Certificate of Deposit)

Business Address: 2211 Browns Lane, Jonesboro, AR 72401

Name: Keith Chrestman

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

Name: Encore Bank (Certificate of Deposit)
Business Address: 2211 Browns Lane, Jonesboro, AR 72401
Name: Keith Chrestman and Leslie McCasland

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

Name: Meducia, LLC
Business Address: 50 County Road 7944, Jonesboro, AR 72405
Name: Keith L. Chrestman

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

Name: Arvest Bank (Certificate of Deposit)
Business Address: 2009 Browns Lane, Jonesboro, AR 72401
Name: Keith L. Chrestman and Leslie D. McCasland

Based on information, belief, and understanding, nothing further that, under Ark. Code Ann. §§ 21-8-402(2), 21-8-701(d)(4), required to be reported.

SECTION 5-OFFICE OR DIRECTORSHIP

c) Name of Business: Arthritis & Rheumatism Associates, LLC
 Business Address: 2231 Hill Park Cove, Jonesboro, AR 72401
 Office Held: Managing Member
 Name of Office Holder: Leslie D. McCasland

d) Name of Business: Meducia, LLC
 Business Address: 50 County Road 7944, Jonesboro, AR 72405
 Office Held: Sole Member
 Name of Office Holder: Keith L. Chrestman

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).