

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
 Mark Martin, Secretary of State
 State Capitol, Room 026
 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.

SECTION 1- NAME AND ADDRESS

Name <u>Coker, Jr.</u> (Last)	Name <u>Ken</u> (First)	Name <u>D.</u> (Middle)	
Address <u>P.O. Box 297</u> (Street or P.O. Box Number)	<u>Russellville</u> (City)	<u>AR</u> (State)	<u>72811-0297</u> (Zip Code)
Phone <u>479-968-3869</u>			
Spouse's name <u>Coker</u> (Last)	<u>Kellie</u> (First)	<u>A.</u> (Middle)	
All names under which you and/or your spouse do business: <u>Peak Photography</u>			

SECTION 2- REASON FOR FILING

<input checked="" type="checkbox"/> Public Official <u>Circuit Judge</u>	(office held)	 <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Filed</div> <div style="font-size: 1.2em; font-weight: bold;">Date: <u>1/24/2025</u></div> <div style="font-weight: bold; margin-top: 10px;">Arkansas Secretary of State</div>
<input type="checkbox"/> Candidate	(office sought)	
<input type="checkbox"/> District Judge	(name of municipality)	
<input type="checkbox"/> City Attorney	(name of city)	
<input type="checkbox"/> State Government: Agency Head/Department Director/Division Director	(name of agency/department/division)	
<input type="checkbox"/> Public appointee to State Board or Commission	(name of board/commission)	
<input type="checkbox"/> School Board member	(name of school district)	
<input type="checkbox"/> Candidate for school board	(name of school district)	
<input type="checkbox"/> Public or Charter School Superintendent	(name of school district/school)	
<input type="checkbox"/> Executive Director of Educational Cooperative	(name of cooperative)	
<input type="checkbox"/> Advertising and Promotion Commission member	(name of advertising and promotion commission)	
<input type="checkbox"/> Research Park Authority Board member under A.C.A. § 14-144-201 et seq.	(name of research park authority board)	

- d) Check appropriate box: More than \$1,000 More than \$12,500
Metropolitan Life Insurance Company
(name of employer or source of income)
P.O. Box 30375, Tampa, FL 3360-0375
(address)
Ken Coker
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received Interest/Dividends/Investment Gains
- e) Check appropriate box: More than \$1,000 More than \$12,500
MML Investors Services
(name of employer or source of income)
P.O. Box 8099, Springfield, MA 01102-8099
(address)
Kellie Coker
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received Investment gains
- f) Check appropriate box: More than \$1,000 More than \$12,500
Empower- through Prudential
(name of employer or source of income)
P.O. Box 5012, Scranton, PA 18505
(address)
Kellie Coker
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received Investment gains
- g) Check appropriate box: More than \$1,000 More than \$12,500
Arkansas Diamond Deferred Compensation Plan
(name of employer or source of income)
P.O. Box 9125, Boston, MA 02209
(address)
Kenneth D. Coker, Jr.
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received Investment gains
- h) Check appropriate box: More than \$1,000 More than \$12,500
Simmons First National Bank
(name of corporation, firm or enterprise)
800 North Arkansas, Russellville, AR 72801
(address)
Ken/Kellie Coker
Provide a brief description of the nature of the services for which the compensation was received Interest

Ken Coker

(address)

See Schedule "D" attached

(name under which investment held)

SECTION 4- BUSINESS OR HOLDINGS (Continued)

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

Simmons First National Bank- Money Market Account

(name of corporation, firm or enterprise)

800 North Arkansas, Russellville, AR 72801

(address)

Ken/Kellie Coker

(name under which investment held)

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

Allstate Life Insurance Company

(name of corporation, firm or enterprise)

P.O. Box 94213, Palatine, IL 60094-4213

(address)

Kenneth D. Coker, Jr.

(name under which investment held)

Note: The Allstate listings each represent a separate life insurance policy with cash value

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) **Not Applicable**

(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

b) **Not Applicable**

(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) **Not Applicable**

(name of creditor)

(address of creditor)

b) **Not Applicable**

(name of creditor)

(address of creditor)

c) **Not Applicable**

(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) **Not Applicable**

(name of governmental body)

(address of governmental body)

(amount owed)

(nature of the obligation)

b) **Not Applicable**

(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) **Not Applicable**

(name)

(address)

b) **Not Applicable**

(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) **Not Applicable**

(description of gift)

\$

(date)

(fair market value)

(source of gift)

b) **Not Applicable**

(description of gift)

\$

(date)	(fair market value)
	(source of gift)
c) Not Applicable	(description of gift)
	\$
(date)	(fair market value)
	(source of gift)
d) Not Applicable	(description of gift)
	\$
(date)	(fair market value)
	(source of gift)
e) Not Applicable	(description of gift)
	\$
(date)	(fair market value)
	(source of gift)
f) Not Applicable	(description of gift)
	\$
(date)	(fair market value)
	(source of gift)
g) Not Applicable	(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 and Science, 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) Not Applicable	(description of award)
	\$
(date)	(fair market value)
	(source of award)
b) Not Applicable	(description of award)
	\$
(date)	(fair market value)

	(source of award)
c) Not Applicable	(description of award)
	\$
(date)	(fair market value)
	(source of award)
d) Not Applicable	(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) Not Applicable	(name of person or organization paying expense)
	(business address)
	\$
(date of expense)	(amount of expense)
	(nature of expenditure)
b) Not Applicable	(name of person or organization paying expense)
	(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) Not Applicable	(name of business)
	(governmental body which regulates or controls)
b) Not Applicable	(name of business)
	(governmental body which regulates or controls)
c) Not Applicable	(name of business)
	(governmental body which regulates or controls)

d) **Not Applicable**

(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) **Not Applicable**

(goods or services)

(governmental body to whom sold)

\$

(compensation paid)

b) **Not Applicable**

(goods or services)

(governmental body to whom sold)

\$

(compensation paid)

c) **Not Applicable**

(goods or services)

(governmental body to whom sold)

\$

(compensation paid)

d) **Not Applicable**

(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.

Kenneth Paul Kelly
Signature

STATE OF ARKANSAS

COUNTY OF Pope } ss

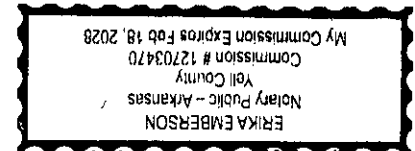
Subscribed and sworn before me this 23rd day of January, 2025

[Signature]
Notary Public

My commission expires: 02-18-2028

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:

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.
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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 and 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 county clerk.

Members of the 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 State 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.
- * 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 State 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.

Statement for the Period December 1, 2024 to December 31, 2024

KELLIE COKER - Premiere Select IRA
 Account Number: ME8-078648

MML Investors Services

Account Overview

CHANGE IN ACCOUNT VALUE	Current Period	Year-to-Date
BEGINNING VALUE	\$124,479.28	\$107,937.49
Additions and Withdrawals	\$0.00	\$0.00
Misc. & Corporate Actions	\$63.07	\$93.93
Income	\$568.51	\$3,097.59
Taxes, Fees and Expenses	(\$105.45)	(\$1,182.40)
Change in Value	(\$3,836.36)	\$11,202.44
ENDING VALUE (AS OF 12/31/24)	\$121,169.05	\$121,169.05
Total Pending Accrued Dividends	\$73.29	
Ending Value with Accrued Dividends	\$121,242.34	

Refer to Miscellaneous Footnotes for more information on Change in Value.

Pending dividends and stock distributions reflect projected values only, are subject to change and may not represent the actual amount, if any, that you may receive. This information is provided for informational purposes only and should not be relied on for tax reporting or other purposes.

RETIREMENT CONTRIBUTIONS/DISTRIBUTIONS

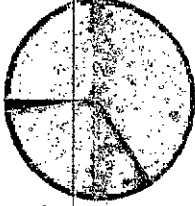
CONTRIBUTIONS	Current Period	Year-to-Date
For Current Year 2024	\$0.00	\$0.00
For Prior Year 2023	\$0.00	\$0.00
DISTRIBUTIONS		
For Current Year 2024	\$0.00	\$0.00

Retirement account maintenance fee waived or subsidized for 2024.

INCOME	Current Period	Year-to-Date
Dividends	\$443.08	\$2,943.56
Interest	\$2.74	\$31.34

ACCOUNT ALLOCATION

Bank Deposits 2.1 %
 Fixed Income 32.5 %



Equities 65.4 %

	Percent	Prior Period	Current Period
Bank Deposits	2.1 %	\$2,272.17	\$2,529.35
Equities	65.4	\$83,321.73	\$79,303.86
Fixed Income	32.5	\$38,885.38	\$39,335.84
TOTAL	100.0 %	\$124,479.28	\$121,169.05

Account Allocation shows the percentage that each asset class represents of your total account value. Account Allocation for equities, fixed income, and other categories may include mutual funds and may be net of short positions. NFS has made assumptions concerning how certain mutual funds are allocated. Closed-end mutual funds and Exchange Traded Products (ETPs) listed on an exchange may be included in the equity allocation. The chart may not reflect your actual portfolio allocation. Consult your broker/dealer prior to making investment decisions.

Exhibit A

LIFEPOINT HEALTH, INC. RETIREMENT PLAN

KELLIE A COKER
804 S VANCOUVER
RUSSELLVILLE AR 72801

Statement Period: 10/01/2024 - 12/31/2024
Participant ID: 7345352
Plan: 556301-01
RCCH - St. Mary's - 000020

What is my account balance?
\$497,438.85
As of 12/31/2024

Where can I go for help?
Website: empower.com/lifepoint Phone: 1-888-401-5768 TTY: 1-800-766-4952 Mail: Empower P.O. Box 173764 Denver, CO 80217-3764

How has my account changed?	<u>Employee</u>	<u>Employer</u>	<u>Total</u>
Balance as of September 30, 2024	\$455,144.48	\$54,233.17	\$509,377.65
Payroll Contributions	3,191.61	0.00	3,191.61
Change in Value	-13,519.16	-1,603.50	-15,122.66
Expenses	-6.93	-0.82	-7.75
Balance as of December 31, 2024	\$444,810.00	\$52,628.85	\$497,438.85
Vested Balance as of December 31, 2024	\$444,810.00	\$52,628.85	\$497,438.85
Vesting information provided as of December 19, 2024			

How will my future contributions be invested?
100% BlackRock LifePath Ret N

Exhibit C



Arkansas Diamond Deferred Compensation Plan



Statement Period January 1, 2024 - December 31, 2024

Your Fee Detail

Fee Type	Amount
According to the plan records, there were no fees deducted from your account during this statement period.	

Your Contribution Summary

Contribution Type	Current Period Contributions	Year-To-Date Contributions	Total Market Value as of 12/31/2024
Employee Pre-Tax	\$9,100.00	\$9,100.00	\$703,664.46
Total	\$9,100.00	\$9,100.00	\$703,664.46

News From Your Plan Sponsor

Introducing myOrangeMoney- a new online experience designed to let you see your retirement savings as future income. You check your account balance and see a number. But what does it mean? myOrangeMoney shows your retirement income need in real, everyday terms. It estimates what you'll likely need each month in retirement and the progress you've already made toward that goal. Experience it today by logging into your plan website at the address at the top of your statement.

- (a) Credits include Trust to Trust transfers, if applicable.
- (b) Not applicable.
- (c) Personal Investment Performance (PIP) is a measurement of the performance of YOUR entire account for the time you were invested in the plan during the statement period. PIP is calculated based on the performance of your investments during that period, taking into account your activity among investments. This method of calculating performance is used by the financial services industry. Other methods of calculating your PIP may yield different results. Call 1-800-905-1833 for more information on your Personal Investment Performance.
- (d) Administrative fees including recordkeeping and advisor/trustee fees.

NOTE Please read this statement carefully. Any error must be reported within 60 days.

Metropolitan Life Insurance Company
PO Box 4232 01407
Clinton, IA 52733-4232



U.S. Retail Life Operations
Metropolitan Life Insurance Company

September 30, 2024

KEN D COKER JR
804 S VANCOUVER AVE
RUSSELLVILLE AR 72801-5671

We're here to help

Customer Service
1-833-642-1007

Your Representative
MASSMUTUAL TN
MATTHEW RUSH



206140979UM-
REMAIL-

Index Selector Fund Transfer Confirmation



View and update your account at
online.metlife.com

We processed your fund transfer effective September 30, 2024.

What you need to know

The Ending Cash Values shown below are as of the completion of this transaction and any other transactions processed on the same effective date.

Owner

KEN D COKER JR

Insured

KEN D COKER JR

Policy Number

206140979UM

*Keep this information with your
important papers.*

Funding Option *	Number of Units	Unit Value	Cash Value In/Out	Ending Cash Value
METRUSSELL2000INDEX	- 3.1149	70.172595	- \$218.58	\$5,863.16
METLIFE STOCKINDEX A	+ 4.4543	85.203987	+ \$379.52	\$64,494.74
MET AGG BOND IDX	+ 4.1374	25.153616	+ \$104.07	\$23,452.64
METMSCI EAFE INDEX	- 5.6610	29.455673	- \$166.75	\$17,589.47
ML MIDCAP STK INDEX	- 1.1509	85.378337	- \$98.26	\$5,863.16
Total			\$483.59	\$117,263.17

These values can increase or decrease in accordance with the investment experience of the Investment Divisions, which is not guaranteed, and the interest credited to the policy's share of the Fixed Account, if any. Other financial transactions, such as premium payments, loan interest charges and monthly cost of insurance charges, will also affect policy values. Values may change upon surrender due to any applicable charges specified in your policy. For information on all charges, please consult your prospectus.

*See enclosed list of funding options and their full names.

Enclosure(s): Funding Options

Exhibit D

Metropolitan Life Insurance Company ("MLIC") confirms the transactions shown as issuer and agent for the variable separate account. MLIC is providing this confirmation on behalf of the distributor, MetLife Investors Distribution Company, and MetLife Securities, Inc. or your retail broker dealer.