

# 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 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 Hillman Barbara Weddle  
(Last) (First) (Middle)  
Address 4501 Ridgefield Lane Little Rock AR 72223  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501-247-0651

Spouse's name Hillman, Jr. Thomas Harold  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Barbara Weddle  
Thomas H. Hillman II, Hal Hillman

## 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 Board of Nursing  
(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

BY  
ARKANSAS SECRETARY OF STATE

JAN 28 2025

**RECEIVED**

**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  
Practice Plus - Cornerstone Clinic for Women  
(name of employer or source of income)  
9500 Baptist Health Dr., Suite 100, Little Rock, AR 72205  
(address)  
Barbara W. Hillman  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
PRN, as needed, nursing for the clinic

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Spouse - Hillman Ag Development Co., Inc.  
(name of employer or source of income)  
P.O. Box T, Carlisle, AR 72024  
(address)  
Hal Hillman  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Financial operations for farming enterprise

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Spouse - Tommy Hillman Farms, Inc.  
(name of employer or source of income)  
P.O. Box W, Carlisle, AR 72024  
(address)  
Hal Hillman  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Financial operations for farming enterprise

**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  
Regions Bank  
(name of corporation, firm or enterprise)  
400 West Capitol Ave, Suite 250, Little Rock, AR 72701  
(address)  
Barbara W. Hillman or Thomas H. Hillman, Jr.  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Cadence Bank  
(name of corporation, firm or enterprise)  
118 N. Court Street, Carlisle, AR 72024  
(address)  
Barbara W. Hillman or Thomas H. Hillman, Jr.  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Raymond James  
(name of corporation, firm or enterprise)  
7 Information Way, Suite 102, Little Rock, AR 72202  
(address)  
Barbara W. Hillman or Thomas H. Hillman, Jr.  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
50% of Hillman Brothers Partnership through Diamond H. Agri Co.  
(name of corporation, firm or enterprise)  
P.O. Box T, Carlisle, AR 72024  
(address)  
Thomas Harold Hillman, Jr.  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Hillman Co Partnership through TA Co, LLC  
(name of corporation, firm or enterprise)  
P.O. Box T, Carlisle, AR 72024  
(address)  
Thomas Harold Hillman, Jr.  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Cadence Bank stock  
(name of corporation, firm or enterprise)  
201 S. Spring Street, Tupelo, MS 38804  
(address)  
Barbara Weddle Hillman and Thomas H. Hillman, Jr.  
(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) Bayou Meto Water Management District  
(name of business, corporation, firm, or enterprise)  
1300 N. Center Street, Suite 9, Lonoke, AR 72086  
(address)  
District Board  
(office or directorship held)  
Thomas A. Hillman, Jr  
(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  
(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) N/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) N/A  
\_\_\_\_\_  
(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) N/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 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)



**SECTION 14- SIGNATURE**

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

Barbara Hillman  
Signature

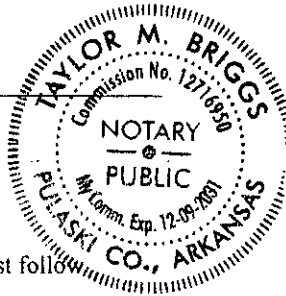
STATE OF ARKANSAS

COUNTY OF Polaski ) ss

Subscribed and sworn before me this 17th day of January, 2025.

(Legible Notary Seal)

[Signature]  
Notary Public



My commission expires: 12/09/2031

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.

**GARY ADAY**  
 Raymond James & Associates  
 1 INFORMATION WAY STE 102 | LITTLE ROCK, AR 72202  
 (800) 667-2360  
 Gary.Aday@RaymondJames.com

406931067413 3 AB 0.593 312 468 6  
  
  
 HILLMAN, BARB  
 BARBARA WEDDLE HILLMAN  
 2494 HIGHWAY 236 E  
 LONOKE AR 72086-8686946

**Raymond James Client Services**  
 800-647-SERV (7378)  
 Monday - Friday 8 a.m. to 9 p.m. ET

**Online Account Access**  
[raymondjames.com/clientaccess](http://raymondjames.com/clientaccess)

Linked Account Summary - Primary Account #			
		This Statement	Year to Date
<b>Value This Statement</b>			
<b>Last Statement</b>	<b>Prior Year-End</b>		
<b>Beginning Balance</b>			
Deposits ✦			
Income			
Withdrawals ✦			
Expenses			
Change in Value			
<b>Ending Balance</b> ☐			

☐ The ending balance includes \$228,266.14 that is not custodied at Raymond James and is included for informational purposes only. See Not Custodied at Raymond James on the Understanding Your Statement page.

✦ Figures reflect a summary of activity in all linked accounts, including internal transfers between accounts.



## Linked Accounts

Account	Current Value	Estimated Annual Income	Page
[REDACTED] 988 Hillman Barb W HARTFORD <input type="checkbox"/>	[REDACTED]	\$0.05	3
[REDACTED] Hillman Barbara W IRA	[REDACTED]	\$1,045.71	5
[REDACTED] 3 Hillman, Barb Freedom	[REDACTED]	\$0.02	8
[REDACTED] Hal Hillman IRA	[REDACTED]	\$1,585.17	10
[REDACTED] H & B Hillman JT	[REDACTED]	\$1,000.00	12
[REDACTED] Hillman Barb Bene IRA	[REDACTED]	\$2,194.39	14
<b>Total Relationship Value</b>	<b>[REDACTED]</b>	<b>\$5,825.34</b>	

Please see Not Custodied at Raymond James on the Understanding Your Statement page.

GARY ADAY  
Raymond James & Associates

## Hillman Barb W HARTFORD Account Summary -

Brokerage

Registered to: BARBARA WEDDLE HILLMAN | 2494 HIGHWAY 236 E | LONOKE AR 72086-8686946

	This Statement	Year to Date
<b>Value This Statement</b>	[REDACTED]	[REDACTED]
<b>Beginning Balance</b>	[REDACTED]	[REDACTED]
Deposits	\$0.00	\$0.00
Income	\$0.00	\$0.03
Withdrawals	\$0.00	\$0.00
Expenses	\$0.00	\$0.00
Change in Value	\$4,795.53	\$27,400.00
<b>Ending Balance @</b>	[REDACTED]	[REDACTED]

Last Statement Prior Year-End

### Dollar-Weighted Performance\*

YTD	2023
13.75%	13.64%

@ The ending balance includes \$228,266.14 that is not custodied at Raymond James and is included for informational purposes only. See Not Custodied at Raymond James on the Understanding Your Statement page.

## Important Messages

- Your account purpose is Wealth Accumulation, with a moderate risk tolerance and a 10 to 20 year time horizon.

## Your Portfolio

For more information, visit [raymondjames.com/clientaccess](http://raymondjames.com/clientaccess)

	Quantity	Price	Value	Estimated Gain or (Loss) <sup>o</sup>	Annual Income
<b>Cash &amp; Cash Alternatives</b>					
Raymond James Bank Deposit Program † 0.2% - Selected Sweep Option			\$27.59		\$0.05
American Express National Bank			\$27.59		
<b>Your bank priority state: AR</b>					
† Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.					
Estimated Income Yield for RJBOP was calculated as of 11/29/2024.					
<b>Cash &amp; Cash Alternatives Total</b>			<b>\$27.59</b>		<b>\$0.05</b>

## Annuities §

Talcott Resolution Life Ins  
Co-DIRECTOR M  
NON-QUALIFIED  
(712390097)

Valuation Date: 11/27/2024, Death Benefit: \$225,379.48, Income Benefit Base: 6,498.80, Total Premium Paid: \$92,840.00

### Annuities Total

§ Please see Directly Held Annuities & Insurance on the Understanding Your Statement page.

Total Premium Paid is the aggregate premium paid to date since the inception of the policy.

Your Portfolio (continued)

	Value	Gain or (Loss)°	Estimated Annual Income
<b>Portfolio Total</b>	[REDACTED]		<b>\$0.05</b>

° Please see Cost Basis on the Understanding Your Statement page.

Log in to Client Access at <https://www.raymondjames.com/clientaccess> to view additional position details, filter, sort, or download up to 18 months of activity and see available delivery options for account documents.

GARY ADAY  
Raymond James & Associates

## Hillman Barbara W IRA Account Summary - 1

Brokerage:

Registered to: BARBARA WEDDLE HILLMAN IRA | RJ TRUST CO NH - CUSTODIAN | 2494 HIGHWAY 236 E | LONOKE AR 72086-8686946

Value This Statement		This Statement		Year to Date	
[REDACTED]	[REDACTED]	Beginning Balance	[REDACTED]	[REDACTED]	[REDACTED]
Last Statement	Prior Year-End	Deposits	\$0.00	\$0.00	[REDACTED]
[REDACTED]	[REDACTED]	Income	[REDACTED]	[REDACTED]	[REDACTED]
		Withdrawals	[REDACTED]	\$0.00	[REDACTED]
		Expenses	[REDACTED]	\$0.00	[REDACTED]
		Change in Value	[REDACTED]	[REDACTED]	[REDACTED]
		Ending Balance	[REDACTED]	[REDACTED]	[REDACTED]
Dollar-Weighted Performance*					
YTD	2023				
14.51%	19.02%				

### Important Messages

- Your account purpose is Wealth Accumulation, with a moderately aggressive risk tolerance and a 10 to 20 year time horizon.
- Your Distribution Standing Withholding Elections
  - Federal Withholding Election (No Election on File)
  - State (AR) Withholding Election (No Election on File)
 Please see Standing Withholding Elections on the Understanding Your Statement page.
- Primary Beneficiaries: John Seth Weddle (25.00%), Michael Benjamin Weddle (25.00%), Robert Tyler Weddle (25.00%), William Andrew Weddle (25.00%)

### Your Portfolio

For more information, visit [raymondjames.com/clientaccess](http://raymondjames.com/clientaccess)

	Quantity	Price	Value	Gain or (Loss) <sup>o</sup>	Estimated Annual Income
<b>Cash &amp; Cash Alternatives</b>					
Raymond James Bank Deposit Program † 0.2% - Selected Sweep Option			[REDACTED]		\$11.99
Raymond James Bank			[REDACTED]		
<b>Your bank priority state: AR</b>					
† Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.					
Estimated Income Yield for RJBDP was calculated as of 11/29/2024.					
<b>Cash &amp; Cash Alternatives Total</b>			[REDACTED]		<b>\$11.99</b>



**Your Portfolio (continued)**

	Quantity	Price	Value	Gain or (Loss) <sup>o</sup>	Estimated Annual Income
<b>Equities</b>					
UNITI GROUP INCORPORATED REIT (UNIT)	40.000	\$5.910	[REDACTED]	[REDACTED] 85)	\$24.00
<b>Equities Total</b>			<b>\$236.40</b>	[REDACTED]	<b>\$24.00</b>

Please see REITs/Tangibles on the Understanding Your Statement page.

DPP & Unlisted REIT Holdings: IMPORTANT - Part of your distribution includes a return of capital. Any distribution that represents a return of capital reduces the estimated per share value shown on your account statement. The preceding notice is required when reporting distributions on Direct Participation Programs and/or REITs and is subject to the DPP or REIT sponsor's final capital return determination as detailed in the IRS Form 1099 or K-1, as applicable.

**Mutual Funds**

GOLDMAN SACHS LARGE CAP CORE FD CL A M/F (GSCGX)	1,242.159	\$37.250	[REDACTED] 2	\$38,151.65 <sup>B</sup>	\$131.67
PIMCO INCOME FUND CL A M/F (PONAX)	1,089.925	\$10.660	\$1 [REDACTED]	\$3,112.65 <sup>B</sup>	\$673.57
AMERICAN FUNDS SMALLCAP WORLD FUND CL A M/F (SMCWX)	485.693	\$71.720	\$3 [REDACTED] 90	\$27,187.49 <sup>B</sup>	\$204.48

**Mutual Funds Total**

**Portfolio Total**

<sup>B</sup> Please see Cost Basis on the Understanding Your Statement page regarding Open End Mutual Funds.

<sup>o</sup> Please see Cost Basis on the Understanding Your Statement page.

Log in to Client Access at <https://www.raymondjames.com/clientaccess> to view additional position details, filter, sort, or download up to 18 months of activity and see available delivery options for account documents.

**Your Activity**

Date	Activity Type	Description	Quantity/ Price	Amount
<b>Income</b>				
11/01/2024	Dividend	PIMCO INCOME FUND CL A M/F (PONAX) \$.05140 per share x 1,084.646 shares		\$55.75
11/29/2024	Interest at RJ Bank Deposit Program	Raymond James Bank Deposit Program		\$0.98
<b>Income Total</b>				<b>\$56.73</b>

Your Activity (continued)

Date	Activity Type	Description	Quantity/ Price	Amount
<b>Purchases, Sales and Redemptions</b>				
11/01/2024	Reinvest	PIMCO INCOME FUND CL A M/F (PONAX) \$.05140 per share x 1,084.646 shares		



GARY ADAY  
Raymond James & Associates

## Hillman, Barb Freedom Account Summary - [REDACTED]

Brokerage

Registered to: BARBARA WEDDLE HILLMAN | 2494 HIGHWAY 236 E | LONOKE AR 72086-8686946

		This Statement	Year to Date
<b>Value This Statement</b>	<b>Beginning Balance</b>	[REDACTED]	[REDACTED]
[REDACTED]	Deposits	\$0.00	\$0.00
	Income	\$0.00	\$354.44
	Withdrawals	\$0.00	(\$1)
	Expenses	\$0.00	(\$5)
	Change in Value	\$0.00	(\$21)
<b>Ending Balance</b>		[REDACTED]	[REDACTED]
<b>Last Statement</b>	<b>Prior Year-End</b>		
\$13.12	\$105,505.23		
<b>Dollar-Weighted Performance*</b>			
<b>YTD</b>	<b>2023</b>		
12.01%	6.42%		

Performance Inception: 09/19/2016

### Important Messages

- Your account purpose is Wealth Accumulation & Provide Income, with a moderate risk tolerance and a 5 to 10 year time horizon.
- Realized gain/loss summary (Please see Cost Basis on the Understanding Your Statement page.)

- Short-term gains
- Short-term losses
- Long-term gains
- Long-term losses
- Net Gain/Loss Total**

Year-To-Date

[REDACTED]

### Your Portfolio

For more information, visit [raymondjames.com/clientaccess](http://raymondjames.com/clientaccess)

	Quantity	Price	Value	Gain or (Loss) <sup>o</sup>	Estimated Annual Income
<b>Cash &amp; Cash Alternatives</b>					
Raymond James Bank Deposit Program † 0.2% - Selected Sweep Option			\$13.12		\$0.02
American Express National Bank			\$13.12		
<b>Your bank priority state: AR</b>					
† Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.					
Estimated Income Yield for RJBDP was calculated as of 11/29/2024.					
<b>Cash &amp; Cash Alternatives Total</b>			<b>\$13.12</b>		<b>\$0.02</b>

Your Portfolio (continued)

	Value	Gain or (Loss)*	Estimated Annual Income
<b>Portfolio Total</b>	[REDACTED]		<b>\$0.02</b>

\* Please see Cost Basis on the Understanding Your Statement page.

Log in to Client Access at <https://www.raymondjames.com/clientaccess> to view additional position details, filter, sort, or download up to 18 months of activity and see available delivery options for account documents.



**GARY ADAY**  
Raymond James & Associates

## Hal Hillman IRA Account Summary - #843R6076

Brokerage

Registered to: THOMAS H HILLMAN JR. IRA | RJ TRUST CO NH - CUSTODIAN | 2494 HIGHWAY 236 E | LONOKE AR 72086-8686946

		This Statement	Year to Date
<b>Value This Statement</b>			
[REDACTED]			
<b>Beginning Balance</b>		[REDACTED]	[REDACTED]
Deposits		\$0.00	\$0.00
Income		\$9.23	\$2,203.61
Withdrawals		\$0.00	[REDACTED] (08)
Expenses		\$0.00	\$0.00
Change in Value		[REDACTED]	[REDACTED]
<b>Ending Balance</b>		\$2 [REDACTED]	[REDACTED]
<b>Last Statement</b>	<b>Prior Year-End</b>		
\$245,141.12	\$549,032.12		
<b>Dollar-Weighted Performance*</b>			
<b>YTD</b>	<b>2023</b>		
23.94%	29.86%		

Performance Inception: 07/24/2017

### Important Messages

- Your account purpose is Wealth Accumulation & Provide Income, with a moderate risk tolerance and a 10 to 20 year time horizon.
- Realized gain/loss summary (Please see Cost Basis on the Understanding Your Statement page.)

Year-To-Date

- Short-term gains \$0.00
- Short-term losses \$0.00
- Long-term gains [REDACTED]
- Long-term losses [REDACTED]
- Net Gain/Loss Total** [REDACTED]

- Distributions Summary**  
2024 Distributions: \$(364,098.08) [\$0.00 state and \$0.00 federal withholding]

**Your Distribution Standing Withholding Elections**

- Federal Withholding Election (0.00%)
- State (AR) Withholding Election (0.00%)

Please see Standing Withholding Elections on the Understanding Your Statement page.

- Primary Beneficiaries:** Barbara Weddle Hillman (100.00%)
- Contingent Beneficiaries:** Michael Benjamin Weddle (14.29%), Robert Tyler Weddle (14.29%), Thomas Harold Hillman III (14.29%), William Andrew Weddle (14.29%), Christopher Lane Hillman (14.28%), Emily Brooks Hillman Crawford (14.28%), John Seth Weddle (14.28%)

**Your Portfolio** [REDACTED] For more information, visit [raymondjames.com/clientaccess](https://raymondjames.com/clientaccess)

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
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**Cash & Cash Alternatives**

Raymond James Bank Deposit Program † 0.2% - Selected Sweep Option			[REDACTED]		[REDACTED]
The Huntington National Bank			[REDACTED]		

Your bank priority state: AR

† Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.

Estimated Income Yield for RJB DP was calculated as of 11/29/2024.

<b>Cash &amp; Cash Alternatives Total</b>			[REDACTED]		[REDACTED]
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**Mutual Funds**

AMERICAN FUNDS EURO-PACIFIC GROWTH FUND CL A M/F (AEPGX)			[REDACTED]		[REDACTED]
AMERICAN FUNDS GROWTH FUND OF AMERICA FUND CL A M/F (AGTHX)			[REDACTED]		\$ [REDACTED]
WASHINGTON MUTUAL INVESTORS CL A - AMERICAN M/F (AWSHX)	3		[REDACTED]		\$200.30

<b>Mutual Funds Total</b>			[REDACTED]		[REDACTED]
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<b>Portfolio Total</b>			[REDACTED]		[REDACTED]
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° Please see Cost Basis on the Understanding Your Statement page.

Log in to Client Access at <https://www.raymondjames.com/clientaccess> to view additional position details, filter, sort, or download up to 18 months of activity and see available delivery options for account documents.

**Your Activity** [REDACTED]

Date	Activity Type	Description	Quantity/ Price	Amount
<b>Income</b>				
11/29/2024	Interest at RJ Bank Deposit Program	Raymond James Bank Deposit Program		\$9.23
<b>Income Total</b>				<b>\$9.23</b>



**GARY ADAY**  
Raymond James & Associates

## H & B Hillman JT Account Summary - 3

Brokerage

Registered to: THOMAS H HILLMAN JR. & | BARBARA WEDDLE HILLMAN JT/WROS | 2494 HIGHWAY 236 E | LONOKE AR 72086-8686946

		This Statement	Year to Date
<b>Value This Statement</b>			
[REDACTED]			
<b>Beginning Balance</b>			[REDACTED] 28
Deposits		\$ [REDACTED]	[REDACTED] 9
Income		\$0.00	\$710.56
Withdrawals		\$0.00	[REDACTED] 00)
Expenses		\$0.00	\$0.00
Change in Value		\$87 [REDACTED]	[REDACTED]
<b>Ending Balance</b>			[REDACTED] 6
<b>Last Statement</b>	<b>Prior Year-End</b>		
\$3.16	\$180,301.28		
<b>Dollar-Weighted Performance*</b>			
<b>YTD</b>	<b>2023</b>		
6.97%	25.59%		

Performance Inception: 09/28/2017

### Important Messages

- Your account purpose is Wealth Accumulation & Provide Income, with a moderate risk tolerance and a 10 to 20 year time horizon.
- Realized gain/loss summary (Please see Cost Basis on the Understanding Your Statement page.)

- Short-term gains
- Short-term losses
- Long-term gains
- Long-term losses
- Net Gain/Loss Total**

Year-To-Date

[REDACTED]  
\$0.00  
[REDACTED] 4  
[REDACTED]  
\$ [REDACTED]

### Your Portfolio

For more information, visit [raymondjames.com/clientaccess](http://raymondjames.com/clientaccess)

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
<b>Cash &amp; Cash Alternatives</b>					
Raymond James Bank Deposit Program † 0.2% - Selected Sweep Option			\$3.16		
American Express National Bank			\$3.16		
<b>Your bank priority state: AR</b>					
† Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.					
Estimated Income Yield for RJB DP was calculated as of 11/29/2024.					
<b>Cash &amp; Cash Alternatives Total</b>			<b>\$3.16</b>		<b>\$0.00</b>

## Your Portfolio (continued)

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
<b>Equities</b>					
CADENCE BANK (CADE)	1,000.000	\$38.190	\$38,190.00	\$30,309.89	\$1,000.00
<b>Equities Total</b> [REDACTED]					

## Portfolio Total

° Please see Cost Basis on the Understanding Your Statement page.

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## Your Activity

Date	Activity Type	Description	Quantity/ Price	Amount
<b>Deposits</b>				
11/19/2024	Transfer In	CADENCE BANK (CADE) FROM 268NW283	1,000.000 \$37.320	[REDACTED]
<b>Deposits Total</b> [REDACTED]				



**GARY ADAY**  
Raymond James & Associates

## Hillman Barb Bene IRA Account Summary -

Brokerage

Registered to: BARBARA WEDDLE HILLMAN (BENE) IRA | RJ TRUST CO NH - CUSTODIAN | LINDA JONES (DECD) | 2494 HIGHWAY 236 E | LONOKE AR 72086-8686946

		This Statement	Year to Date
<b>Value This Statement</b> [REDACTED]	<b>Beginning Balance</b>	[REDACTED]	[REDACTED]
	Deposits	\$0.00	\$0.00
Last Statement [REDACTED]	Income	[REDACTED]	[REDACTED]
	Prior Year-End [REDACTED]	\$0.00	\$0.00
<b>Dollar-Weighted Performance*</b>			
YTD	2023		
13.24%	18.31%		
<b>Ending Balance</b>		[REDACTED]	[REDACTED]

Performance Inception: 11/12/2020

### Important Messages

- Your account purpose is Wealth Accumulation & Provide Income, with a moderately aggressive risk tolerance and a 5 to 10 year time horizon.
- Your Distribution Standing Withholding Elections
  - Federal Withholding Election (24.00%)
  - State (AR) Withholding Election (6.60%)

Please see Standing Withholding Elections on the Understanding Your Statement page.
- Successor Primary Beneficiaries: Michael Benjamin Weddle (50.00%), William Andrew Weddle (50.00%)
- As a beneficiary of a retirement plan, you are subject to certain rules regarding required distributions. In general, beneficiaries are required to either: (1) take required minimum distributions each year, or (2) deplete the account by December 31st of the 5th or 10th year following the original owner's death, as provided by Internal Revenue Code rules and regulations. Please see the Required Minimum Beneficiary Distribution (RMBD) section on the Understanding Your Statement page.

**Your Portfolio**

For more information,  
visit [raymondjames.com/clientaccess](http://raymondjames.com/clientaccess)

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
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**Cash & Cash Alternatives**

Raymond James Bank  
Deposit Program †  
0.2% - Selected Sweep  
Option

[REDACTED]

Raymond James Bank

[REDACTED]

Your bank priority state: AR

† Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.

Estimated Income Yield for RJBDP was calculated as of 11/29/2024.

**Cash & Cash Alternatives Total**

\$ [REDACTED]

**Equities**

ABBOTT LABS (ABT)	44.000	[REDACTED]	[REDACTED]	[REDACTED]
AMERICAN TOWER CORPORATION NEW REIT (AMT)	11.000	[REDACTED]	[REDACTED]	[REDACTED]
AMGEN INCORPORATED (AMGN)	14.000	[REDACTED]	[REDACTED]	\$ 122.00
ANALOG DEVICES INCORPORATED (ADI)	33.000	[REDACTED]	[REDACTED]	\$ 121.14
APPLE INCORPORATED (AAPL)	55.000	[REDACTED]	[REDACTED]	[REDACTED]
BLACKROCK INCORPORATED (BLK)	4.000	[REDACTED]	[REDACTED]	[REDACTED]
COMCAST CORPORATION NEW CLASS A (CMCSA)	73.000	\$ [REDACTED]	[REDACTED]	\$ 66.62
JOHNSON & JOHNSON (JNJ)	32.000	\$ [REDACTED]	[REDACTED]	[REDACTED]
L3HARRIS TECHNOLOGIES INCORPORATED (LHX)	18.000	\$ [REDACTED]	[REDACTED]	\$ 88.62
LOWES COMPANIES INCORPORATED (LOW)	39.000	\$ [REDACTED]	[REDACTED]	[REDACTED]
MCDONALDS CORPORATION (MCD)	12.000	\$ [REDACTED]	[REDACTED]	[REDACTED]
MICROSOFT CORPORATION (MSFT)	57.000	\$ [REDACTED]	[REDACTED]	[REDACTED]
NIKE INCORPORATED CLASS B (NKE)	22.000	[REDACTED]	[REDACTED]	[REDACTED]



**Your Portfolio (continued)**

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
<b>Equities (continued)</b>					
NOVARTIS AG SPONSORED ADR (SWITZERLAND) (NVS)	19.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PEPSICO INCORPORATED (PEP)	22.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PHILLIPS 66 (PSX)	31.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SANDOZ GROUP AG SPONSORED ADS (SWITZERLAND) (SDZNY)	3.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TARGET CORPORATION (TGT)	20.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
UNITEDHEALTH GROUP INCORPORATED (UNH)	10.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
WALMART INCORPORATED (WMT)	75.000	\$9	[REDACTED]	[REDACTED]	[REDACTED]
LINDE PLC SHS (IRELAND) (LIN)	13.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MEDTRONIC PLC SHS (IRELAND) (MDT)	35.000	\$86.540	[REDACTED]	[REDACTED]	[REDACTED]
CHUBB LIMITED (SWITZERLAND) (CB)	19.000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>Equities Total</b>			\$ [REDACTED]	[REDACTED]	[REDACTED]

Please see REITs/Tangibles on the Understanding Your Statement page.

DPP & Unlisted REIT Holdings: IMPORTANT - Part of your distribution includes a return of capital. Any distribution that represents a return of capital reduces the estimated per share value shown on your account statement. The preceding notice is required when reporting distributions on Direct Participation Programs and/or REITs and is subject to the DPP or REIT sponsor's final capital return determination as detailed in the IRS Form 1099 or K-1, as applicable.

**Portfolio Total**

° Please see Cost Basis on the Understanding Your Statement page.

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## Your Activity

Date	Activity Type	Description	Quantity/ Price	Amount
<b>Income</b>				
11/06/2024	Dividend	LOWES COMPANIES INCORPORATED (LOW) <i>\$1.15000 per share x 39.000 shares</i>		
11/14/2024	Dividend	APPLE INCORPORATED (AAPL) <i>\$.25000 per share x 55.000 shares</i>		
11/15/2024	Dividend	ABBOTT LABS (ABT) <i>\$.55000 per share x 44.000 shares</i>		
11/29/2024	Interest at RJ Bank Deposit Program	Raymond James Bank Deposit Program		
<b>Income Total</b>				

