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 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

	(Last)	(First)		(Middle)
Addres	s 50 Cliffdale Drive, Little Rock, AR 72223			()
Phone	(Street or P.O. Box Number) 501-517-5763	(City)	(State)	(Zip Code)
Spouse	's name Wilson, Rebel Flynn			
All nan	(Last) nes under which you and/or your spouse do business	:(First)		(Middle)
First A	rkansas Bank & Trust (Mark Wilson), Inviting A	rkansas Magazine (Re	ebel Wilson), Cliffdale	Cottage LLC (Both)
_	ON 2- REASON FOR FILING		Terri Ho	05/25 14:12:11 llingsworth Circuit County Clerk
	Public Official	(office held)		
	Candidate	` '		
		(office sought)		
Ц	District Judge(name of district)			
	City Attorney	` '		
		(name of city)		
Ш	State Government: Agency Head/Department Dire	ector/Division Director _		department/division)
	Chief of Staff or Chief Deputy		(name of agency/	department/division)
	(name	of Constitutional Officer, S	enate, or House of Repres	sentatives)
	Public appointee to State Board or Commission	(nama afha	ord/commission)	
	(name of board/commission) School Board member			
	(na	ume of school district)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Candidate for school board	ume 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 adv	ertising and promotion co	ommission)
	Research Park Authority Board member under A.C	7 A & 14-144, 201 at sag		

SECT	TION 2- REASON FOR F	LING (continued)		
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission): Planning board or commission Pulaski County Planning Board - Member and Chair			
	☐ Airport board or com	mission		
	☐ Water or Sewer board	or commission		
	☐ Utility board or comm	nission		
	☐ Civil Service commis	sion		
SECT	TION 3- SOURCE OF INC	COME		
or you that co accours \$1,000	or spouse receives gross inconstitute a portion of the gro ntants, attorneys, farmers, co of from at least one source, the Check appropriate box:	ome amounting to more than \$1,000. (ss income of the business or profession	your spouse, or any other person for the use or benefit of you You are not required to disclose the individual items of income from which you or you spouse derives income. For example: individual clients.) If you receive gross income exceeding More than \$12,500	
First Ark	ansas Bank & Trust	(name of employer or	source of income)	
600 Wes	st Main Street, Jacksonville, AR 72076			
Mark T. 1	Wilson	(addre	ss)	
		(name under which	income received)	
		nature of the services for which the co	mpensation was received	
	heck appropriate box:	☐ More than \$1,000	More than \$12,500	
7813 Off	fice Park Blvd, Baton Rouge, LA 70809	(name of employer or	source of income)	
		(addre	sss)	
Mark T.	Wilson	(name under which	income received)	
	de a brief description of the on the Board of Directors of First National I	nature of the services for which the co	mpensation was received	
	Check appropriate box: Arkansas Magazine	☐ More than \$1,000	More than \$12,500	
1512 Ma	con Drive, Ste #3, Little Rock, AR 72211	(name of employer or	source of income)	
		(addre	ss)	
Rebel FI	ynn Wilson	(name under which	income received)	
D==-'	4		•	
		nature of the services for which the correcte content for the magazine, including photography.	mpensation was received	

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) Cliffo	Check appropriate box:	More than \$1,000	☐ More than \$12,500			
50 C	liffdale Drive, Little Rock, AR 72223	(name of corporation,	firm or enterprise)			
Mark	с Т. Wilson (50% owner) and Rebel Flynn W	(addre	ss)			
(name under which investment held)						
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation,	firm or enterprise)			
		(addre	ss)			
		(name under which i	investment held)			
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
	(address)					
-		(name under which investment held)				
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
	(name of corporation, firm or enterprise)					
		(addres	ss)			
	(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)					
		(addres	ss)			
		(name under which i	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) First Arkansas Bank & Trust	
	me of business, corporation, firm, or enterprise)
600 West Main Street, Jacksonville, AR 72076	
Director	(address)
	(office or directorship held)
Mark T. Wilson	(name of office holder)
	(name of office holder)
b) First National Bankers Bank	
(na 7813 Office Park Blvd, Baton Rouge, LA 70809	me of business, corporation, firm, or enterprise)
	(address)
Director	(CC 1' - 1 - 1 1 1 1)
Mark T. Wilson	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
SECTION 0- CREDITORS	
List each creditor to whom the value of five thou	usand dollars (\$5,000) or more was personally owed or personally obligated and is still
financial institution or a person who regularly an	to members of your family or loans made in the ordinary course of business by either and customarily extends credit.)
	outre manage of the management
a)	
a)	(name of creditor)
b)	(address of creditor)
b)	(name of creditor)
c)	(address of creditor)
S)	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWEI	O TO GOVERNMENT
List the name and address of each governmental the nature of the amount of the obligation.	body to which you are legally obligated to pay a past-due amount and a description of
0)	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of assessment 1 - 1 - 2
(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 guarantee extended and refinanced after Jan. 1, 1989. Memb	ed a debt of yours that is still outstanding. (This includes debt guarantors arising overs of your family who are your guarantors are not required to be disclosed.)
a)	
	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
your spouse and of each gift of more than \$250 recentertainment, advance, services, or anything of value are a number of exceptions to the definition of "giff Interest prepared for use with this form. (Note: The	estimate of the fair market value of each gift of more than \$100 received by you of served by your dependent children. The term "gift" is defined as "any payment, the unless consideration of equal or greater value has been given therefor." There it." Those exceptions are set forth in the Instructions for Statement of Financial me value of an item shall be considered to be less than \$100 if the public servant served any amount over \$100 and the reimbursement occurs within ten (10) days
a)	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	(Acceptation of city)
	(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 lifelong 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)	
	(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- NONGOVERNMENTA	SOURCES OF PAYMENT
List each nongovernmental source of payn when you appear in your official capacity	ent of your expenses for food, lodging, or travel which bears a relationship to your office when the expenses incurred exceed \$150.
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)
(date of expense)	
	(nature of expenditure)

•	
SECTION 12- DIR	ECT REGULATION OF BUSINESS
List any business whic	ch employs you and is under direct regulation or subject to direct control by the governmental body which you serve.
a)	
	(name of business)
· · · · · · · · · · · · · · · · · · ·	(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)

(governmental body which regulates or controls)

(name of business)

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)		
	(goods or services)	
	(governmental body to whom sold)	
b)	(compensation paid)	
0)	(goods or services)	
	(governmental body to whom sold)	
c)	(compensation paid)	
	(goods or services)	
	(governmental body to whom sold)	
d)	(compensation paid)	
u)	(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

Subscribed and sworn before me this

(Legible Notary Seal)

My commission expires: 8-30-2034

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.

day of

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 <u>previous</u> 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.