# 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 (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

(name of research park authority board)

Is this an amendment? \( \subseteq \text{ Yes} \quad \text{No} \)

noting "	rovide complete information. If the information requested Not Applicable in that section. Do not leave any part of tion to this document. Do not file this form with the Arkan	this form blank.	If additional space is n	eeded, you may attach the
SECTIO	ON 1- NAME AND ADDRESS			
Name _	(Last)	(First)		(Middle)
Address	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)
Phone _				
	s name(Last) les under which you and/or your spouse do business:	(First)		(Middle)
SECTI	ON 2- REASON FOR FILING			
	Public Official			
	Candidate	ice held)		
	(office sought)  District Judge			
	(name of district)			
	City Attorney(nam	e of city)		
	State Government: Agency Head/Department Director/Division Director			(denortment/division)
	(name of agency/department/division)  Chief of Staff or Chief Deputy			•
			Senate, or House of Repre	
	Public appointee to State Board or Commission			
П		school district)		
	(name of school district)  Public or Charter School Superintendent			
	(name of school Executive Director of Education Service Cooperative	ool district/school)		of street and the figure
	Advertising and Promotion Commission member	(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 seg.			

SECT	ION 2- REASON FOR F	ILING (continued)			
	Appointee to one of the ☐ Planning board or cor	following municipal, county or regional b	oards or commissions (list name of board or commission):		
	☐ 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 IN	COME	. ,		
or you incom	or spouse receives gross income that constitute a portion of ple: accountants, attorneys	ome amounting to more than \$1,000. (Yo	our spouse, or any other person for the use or benefit of you are not required to disclose the individual items of fession from which you or you spouse derives income. For this their individual clients.) If you receive gross income		
a)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of employer or so	ource of income)		
		(address)			
<del></del>		(name under which inc	come received)		
Provi	ide a brief description of th	e nature of the services for which the com	pensation was received		
b) (	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of employer or source of income)				
		(address	)		
		(name under which in	come received)		
Prov	vide a brief description of th	e nature of the services for which the com	pensation was received		
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12.500		

(name of employer or source of income)

(address)

(name under which income received)

Provide a brief description of the nature of the services for which the compensation 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)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation, fi	rm or enterprise)			
		(address	)			
		(name under which in	vestment held)			
b)	Check appropriate box:	☐ More than \$1,000	More than \$12,500			
		(name of corporation, fu	rm or enterprise)			
		(address	s)			
	,	(name under which in	vestment 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	s)			
Aughtentenan	(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)					
		(addre	ss)			
	(name under which investment held)					

## SECTION 5- OFFICE OR DIRECTORSHIP

List every office or directorship held by you or your spouse in any business	s, corporation,	firm, o	r enterprise subje	ct to ju	urisdiction of a
regulatory agency of this State, or of any of its political subdivisions.					

a)	
(name o	of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)(name o	of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
SECTION 6- CREDITORS	
	nd dollars (\$5,000) or more was personally owed or personally obligated and is stil members of your family or loans made in the ordinary course of business by either I customarily extends credit.)
a)	
	(name of creditor)
b)	(address of creditor)
0)	(name of creditor)
۵۱	(address of creditor)
c)	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED T	O GOVERNMENT
List the name and address of each governmental bothe nature of the amount of the obligation.	ody to which you are legally obligated to pay a past-due amount and a description of
a)	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(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.) (name) (address) (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.) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (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.

)	(description of award)	
	(description of analy)	(6.1
(date)		(fair market value)
	(source of award)	
)	(description of award)	
(date)		(fair market value)
	(source of award)	
c)	(description of award)	
(date)		(fair market value)
	(source of award)	ı
d)	(description of award)	
(date)		(fair market value)
	(source of award)	
List each nongovernmental sour when you appear in your official	MENTAL SOURCES OF PAYMENT  ce of payment of your expenses for food, lodging, or tr l capacity when the expenses incurred exceed \$150.	
a)	(name of person or organization paying expen	ise)
	(business address)	\$
(date of expense)		(amount of expense)
	(nature of expenditure)	
b)	(name of person or organization, guying expen	nse)
	(business address)	\$
(date of expense)		(amount of expense)
	(nature of expenditure)	

# SECTION 12- DIRECT REGULATION OF BUSINESS

List any business which em	ploys 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)
d)	
	(name of business)
	(governmental body which regulates or controls)
a)	(goods or services)
	(governmental body to whom sold)
	(compensation paid)
b)	
	(goods or services)
	(governmental body to whom sold)
c)	(compensation paid)
0)	(goods or services)
	(governmental body to whom sold)
d)	(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 } ss	
COUNTY OF	
Subscribed and sworn before me this day of	f, 20
(Legible Notary Seal)	Notary Public
My commission expires:	
Note: If faved notary seal must be legible (i	i e either stamped or raised and inked) and the original must follow

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 <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.