

STATEMENT OF FINANCIAL INTEREST

Little Rock, Arkansas
72201-1094

Provide ALL information or indicate "Not Applicable". (If additional space is needed, attach information to this document.)

SECTION 1- NAME AND ADDRESS

Name Smith William Terry
(last) (first) (middle)

121435

Filing for 19 98

Spouse's name Smith Jennifer Jo Ann
(last) (first) (middle)

All names under which you and/or your spouse do business:

SECTION 2- REASON FOR FILING

- ☒ Public official STATE REP DIST 39
(office held)
- ☐ Candidate _____
(office for which a candidate)
- ☐ Municipal judge or city attorney _____
(office held)
- ☐ State Government: Agency head, department director, division director _____
(department/position)
- ☐ Public appointee to state board or commission _____
(name of board/commission)

FILED

JAN 27 1999

SHARON PRIEST
SECRETARY OF STATE

SECTION 3- SOURCE OF INCOME

List each employer and 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 income. (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 your spouse derives income.) For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients. If you receive income exceeding \$1,000, the answer N/A is not correct.

- a) Check appropriate box: ☐ more than \$1,000 ☒ more than \$12,500
- Southwestern Bell
(name of employer or source of income)
1114 W Capitol Little Rock AR
(address)
William Terry Smith
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received
Area Manager Customer Services

- b) Check appropriate box: ☒ more than \$1,000 ☐ more than \$12,500
- STATE of ARKANSAS
(name of employer or source of income)
STATE Capitol Bldg.
(address)
Terry Smith
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received
STATE Representative

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Provide ALL information or indicate "Not Applicable". (If additional space is needed, attach information to this document.)

SECTION 1- NAME AND ADDRESS

Filing for 19 _____

Name _____
(last) (first) (middle)
Address _____
(street) (p.o. box) (city, state) (ZIP)
Phone _____
Spouse's name _____
(last) (first) (middle)
All names under which you and/or your spouse do business:

SECTION 2- REASON FOR FILING

- ☐ Public official _____
(office held)
☐ Candidate _____
(office for which a candidate)
☐ Municipal judge or city attorney _____
(office held)
☐ State Government: Agency head, department director, division director _____
(department/position)
☐ Public appointee to state board or commission _____
(name of board/commission)

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- a) Check appropriate box: ☒ more than \$1,000 ☐ more than \$12,500

HARDENVIEW REALTY

(name of employer or source of income)

700 SPRINGS HOT SPRINGS

(address)

JENNIFER SMITH

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received

REAL ESTATE SALES

- b) Check appropriate box: ☒ more than \$1,000 ☐ more than \$12,500

TERRY SMITH

(name of employer or source of income)

181 CAROLINE AVENUE, R2 HOT SPRINGS

(address)

JENNIFER SMITH

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received

LEGISLATIVE SERVICES

c) Check appropriate box:

☐ more than \$1,000

☒ more than \$12,500

SUNBURST Hospitality
(name of employer or source of income)

4812 Central Hot Springs

(address)

JENNIFER SMITH
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received

Sales Director

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 date of statement.

a) Check appropriate box:

☐ more than \$1,000

☒ more than \$12,500

SOUTHWESTERN BELL CORP.

(name of corporation, firm or enterprise)

San Antonio TX

(address)

William Jerry Smith

(name under which investment held)

b) Check appropriate box:

☐ more than \$1,000

☐ more than \$12,500

(name of corporation, firm or enterprise)

(address)

(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)

N/A

(name of business, corporation, firm or enterprise)

(address)

(office or directorship held)

(name of office holder)

b)

N/A

(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)

(address)
- b) N/A
(name)

(address)

SECTION 7- GUARANTOR, 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) N/A
(name)

(address)

SECTION 8- GIFTS

List the source, date and description of each gift of more than \$100 received by you or your spouse. A "gift" is defined as "any payment, entertainment, advance, services or anything of value unless consideration of equal or greater value has been given therefor".

A gift does not include (1) informational material, (2) the giving or receiving of food, lodging or travel which bears a relationship to the public servant's office and when appearing in an official capacity, (3) gifts which are not used and returned to donor within 30 days, (4) gifts from a family member, unless the giver is acting as agent or intermediary for any person not covered by this paragraph, (5) campaign contributions, (6) any devise or inheritance.

- a) Og A SOUTH/ADD
(source)
Aug 98 Feb 98
(date)
Football tickets Race Pass
(description)
- b) Oaklawn Park United Airport
(source)
Jan 98 " "
(date)
Race Pass JAN 98 Media Pass
(description)

SECTION 9- 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.

- N/A
(organization)

(address)

(date of expenses)

(nature of expenditure)

SECTION 10- DIRECT REGULATION OF BUSINESS

List any business which is under direct regulation or subject to direct control by the governmental body which you serve and which employs you.

- a) Southwestern Bell
(name of employer)
Public Service Commission
(governmental body which regulates or controls)
- b) _____
(name of employer)

(governmental body which regulates or controls)

SECTION 11- SALES TO GOVERNMENTAL BODY

List the goods or services sold having a total annual value in excess of \$1,000 sold to the governmental body for which you serve, and the compensation paid for each category of goods or services by you or any business in which you or your spouse is an officer, director, stockholder owning more than 10% of the stock.

- a) N/A
(goods or services)

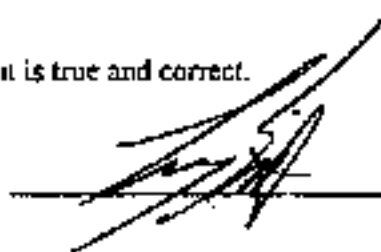
(governmental body to whom sold)
- b) N/A
(compensation paid)
N/A
(goods or services)

(governmental body to whom sold)

(compensation paid)

SECTION 12- SIGNATURE

I Certify under penalty of perjury that the above information is true and correct.


signature

STATE OF ARKANSAS
COUNTY OF Franklin

Subscribed and sworn to before me, Notary Public this the 26th day of Jan., 19 99



M. Kaye Rambo
Notary Public

address

My commission expires: 9-28-02