Sharon Priest State Unpitel, Rm 026 Secretary of State

STATEMENT OF FINANCIAL INTEREST

Little Rock, Arkonsas 9 72201-1094

Perside AT L information or indicate "Not Applicable". (If additional space is needed, attach information to this document.)

ECTION 1- NAME AND ADI	<u>DRESS</u>	1.3	2143	5 Filing for 19 78
Jame SMTR	140	More	_ 1 4 0	TERRY
(last)	1	· · · · ·		- (middle)
ipouse's name	·.	Jenni Fer		JE Mur
(last) (l) names under which you and/	or your spouse do business:			
ECTION 2- REASON FOR F	TLING	:7 39		
		(office held)		FILED
Candidate	·	(office for which a cand	idate)	
		•	idale)	JAN 27 1999
Municipal judge or city atter		(off	ice bold)	SHAROM POUR
State Government: Agency	head, department director,	division director		YDECRETARY OF STATE
	(6	lepartment/position)		
Public appointee to state bos	rd or commission	<u> </u>		<u> </u>
				11
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List each employer and cach other spouse receives income. ()	ter source of income from v You are not required to disc scien from which you or you	which you, your spouse, o lose the individual items is sexuse derives income.	or any other of incom) For exa	er person for the use or benefit of your person for the use or benefit of you that constitute a portion of the grouple; accountants, attorneys, farms \$1,000, the answer N/A is not correct
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Sharon Priest State Capitol, Rm 026 Secretary of State

STATEMENT OF FINANCIAL INTEREST

Little Rock, Arkansas 72201-1094

SECTION 1- NAME AN	<u>D ADDRESS</u>	/	Filing for 19
fame			
(last)		(first)	(middle)
ddress(street)	(p.o b	box) (city, sta	ie) (ZIP)
lione			
pouse's name			
	(last) au and/or your spouse do busin	(first)	(middle)
ar manes made which yo	in divisor John Spores as seems		. <u> </u>
			· ···
ECTION 2- REASON I	FOR FILING	\wedge	
Public official		(office held)	
□ Candidate		(office held)	
Candidate	_	(office for which a candidate)	
☐ Municipal judge or cit	ty attorney		
_	/	(office held)	
State Government: A,	gency head, department direct	tor, division director	
		(department/position)	· · · · · · · · · · · · · · · · · · ·
☐ Public appointee to sta	ate board or commission		
	√	(name of board)	(commission)
SECTION 3-SOURCE	OF INCOME		
List each employer and ea	och other source of income fro	on which you, your spouse, or any other	r person for the use or benefit of yo
vour spouse receives incor	me. (You are not required to o	disclose the individual items of income	that constitute a portion of the gre
income of the business or	profession from which you or	r you spouse derives income.) For examents. If you receive income exceeding \$	rple: accountants, attorneys, farms 1 000 the answer N/A is not corre
	_	_	
 a) Check appropriate b 	pox: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Orden View Reolity	more than \$12,500 .
	name (name	c of employer or source of igcome)	
	70	c of employer or source of income) Springs No 75 pr. (address) Jennifer Smith	INS!
	•	JENN, Fer SMITH	
· · · · · · · · · · · · · · · · · · ·		me under which income received)	· · · · · · · · · · · · · · · · · · ·
Provide a helef descrit	mion of the nature of the servi	ices for which the compensation was re	ceived
, (0) (00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E e A	KETATE SAICE	
N. Charlesistale	nore than \$1,00	non	more than \$12,500
 b) Check appropriate t 	Jox. Dinore unit #130	Erry SMITH	
-	(onine	erry Smith ie of employer or source of income) Corolline Recs. Re	165 SPRINTS
		(address)	7401 771 1172
	<u>-</u> -1	(address) Tennifer Smith	
			····-
		me under which income received)	
Provide a brief desc.	nan) ription of the nature of the ser		received

ç) Check appropriate box:	🗋 முரை மிற \$1,000	_	more than \$12,500	
		<u></u>	BURST HOSPITAL	fv	
			iployer or source of incom	Hot Springs	
		577)	nplayer or source of incom /8/3 Central (address) Tennifer 5	T	
		figure ma	er winch mount received)		
	Provide a brief description o	of the nature of the services f	for which the compensation	n was received	
SE(CTION 4- BUSINESS OR H	OLDINGS	<u> </u>		
List inve state	the name of every business in estment or holding. Individual timent.	i which you, your spouse or a I stock holdings should be di	my other person for the us sclosed. Figures should be	s or benefit of you or your spouse have an s based on fair market value at date of	
a)	Check appropriate box;	□ more than \$1,000 Southwestern	Bell Corp.	El more than \$12,500	
			oration, firm or enterprise)	
	<u></u>	william .	(address) Krry Sm., Th		
			which investment held)	· · · · · · · · · · · · · · · · · · ·	
6)	Check appropriate box:	000,12 nat() snom D		more than \$12,500	
		(quine of corps	oration, firm or enterprise)		
			(Address)		
	·	(பவரe undci	which investment held)	· -	
<u>SEC</u>	<u> IJON 5- OFFICE OR DIRE</u>	CTORSHIP			
List e		d by you as your mayor in	ly business, comporation, fi	rm or enterprise subject to jurisdiction of a	
a)					
		name of business, o	corporation, firm or entero	rise)	
•	 . · · 		(address)	·,	
•		<u> </u>	<u> </u>		
-			directorship held)	_	
b}		L	of office holder)		
٠, _	(prime of business, corporation, first or enterprise)				
-	<u> </u>			182) 	
-	_		(address)		
_	_	(office or	directorship held)	<u> </u>	
		(ກໍຄາກອຸ ເ	of office holder)	_	

SECTION 6- CREDITORS

outstanding. (This does not include debts owed to a financial institution or a person who regularly and a)		,, , ,		-
	(name)			-
b)	N/d (address)			- -
	(name)		<u> </u>	-
SECTION 7- GUARANTOR, CO-MAKER	(address)			
List each guarantor or co-maker who has guaranteed extended and refutanced after Jan. 1, 1989. Membe a)	t a debt of yours that is stirts of your family who are	ill outstanding. (your guaranters	This includes debt guars are not required to be di-	antors arising sclosed.)
	(name)		<u> </u>	
b)	(address)		·	<u> </u>
	(naine)			
ECTION & GIFTS	(address)			· · ·
iblic servant's office and when appearing in an office) gifts from a family member, unless the giver is no	cial capacity, (3) gifts whi		r travel which bears a re	
ablic servant's office and when appearing in an office) gifts from a family member, unless the giver is act) campaign contributions. (6) any devise or inherita	cial capacity, (3) gifts whi		r travel which bears a re nd returned to donor wi n not covered by this pa	ciationship to
iblic servant's office and when appearing in an office) gifts from a family member, unless the giver is act) campaign contributions. (6) any devise or inherita	cial capacity, (3) gifts whi	ch are not used a ary for any perso	r travel which bears a re nd returned to donor wi n not covered by this pa	ciationship to
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iblic servant's office and when appearing in an office) gifts from a family member, unless the giver is act campaign contributions. (6) any devise or inherital of A A A A A A A A A A A A A A A A A A	cial capacity, (3) gifts whi ting as agent or intermedi ince. (source)	ch are not used a ary for any persouth, For 78	r travel which bears a re nd returned to donor wi n not covered by this pa And Pass	ciationship to
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Acce Pass ablic servant's affice and when appearing in an office) gifts from a family member, unless the giver is acceded to the property of	cial capacity. (3) gifts whiting as agent or infermediance. (source) (date) (source) (source) (date)	ch are not used a ary for any person South, Feb. 98 Eme	r travel which bears a re nd returned to donor wi n not covered by this pa And Angle Angle	ciationship to
ublic servant's office and when appearing in an office) gifts from a family member, unless the giver is acceptant contributions, (6) any devise or inherital and the family member, unless the giver is acceptant and the family of the family o	cial capacity. (3) gifts whiting as agent or intermediance. (source) (date) (description) (source) (date) (dote)	ch are not used a ary for any person South, Feb 98 Ence United Tong	r travel which bears a re nd returned to donor with not covered by this part Abd Abd Abs Abs Abs Abs Abs Abs	elationship to thin 30 days, ragraph,
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TOOTGAN TICKETS b) Oak/Awa Park JAN 98	cial capacity. (3) gifts whiting as agent or intermediance. (source) (date) (description) (source) (diste) (description) OF PAYMENT expenses for food, lodging senses incurred exceed \$1;	ch are not used a ary for any person South, Feb 98 Eme United Tang	r travel which bears a re nd returned to donor with not covered by this part Abd Abd Abs Abs Abs Abs Abs Abs	dationship to thin 30 days, sagraph,

SECTION 10- DIRECT REGULATION OF BUSINESS

employs you.	•
a)	Southwestern Bell
	Southwestern Bell (name of employer) Public Service Commission
<u> </u>	(governmental body which regulates or controls)
b)	·
	(name of employer)
·	(governmental body which regulates or controls)
SECTION 11-SALES T	O GOVERNMENTAL BODY
serve, and the compensati	sold having a total annual value in excess of \$1,000 sold to the governmental body for which you on paid for each entegory of goods or services by you or any business in which you or your spouse is an lier owning more than 10% of the stock.
a)	W/A
,	(goods or services)
	(governmental body to whom sold)
 ხ)	(compensation paid)
•	[goods or services]
	(governmental body to whom sold)
	(compensation paid)
SECTION 12-SIGNAT	<u>Jre</u>
1 Certify under penalty of	f perjury that the above information is true and correct.
	- 51 - 51
**************************************	signature signature
STATE OF ARKANSAS	OWN R.
COUNTY OF	
ig ig C	
Subscribed and and attento	eksterie. Nothery Public this the <u>Alk day of Jan.</u> , 19 <u>99</u>
The COUNTY	Ty ARK Market Land
	Notary Public
	address
My commission expires:	9-28-02
My commission expires:	

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