## 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 \_\_\_\_\_ (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?  $\square$  Yes  $\square$  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**

lame				
	(Last)	(First)		(Middle)
none	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)
	s name			
	(Last) es under which you and/or your spouse do business:	(First)		(Middle)
ECTI	ON 2- REASON FOR FILING			
]	Public Official			
]	Candidate	(office held)		
]	District Judge	(office sought)		
]	(name of district)  City Attorney			
1		(name of city)		
]	State Government: Agency Head/Department Director/Division Director			
]	Public appointee to State Board or Commission			
]	Candidate for school board	e of school district)		
]	(name of school district)  Public or Charter School Superintendent			
]	(name of school district/school)  Executive Director of Education Service Cooperative			
]	Advertising and Promotion Commission member		ne of cooperative)	
	Research Park Authority Board member under A.C.			
			(name of resear	ch park authority board)

# **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. ☐ More than \$12,500 ☐ More than \$1,000 a) Check appropriate box: (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 \_\_\_\_\_\_ ☐ More than \$1,000 ☐ More than \$12,500 b) Check appropriate box: (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 c) Check appropriate box: ☐ More than \$1.000 ☐ More than \$12.500

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

(name of employer or source of income)

(address)

(name under which income 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	, firm or enterprise)			
		(addr	ess)			
		(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)			
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)					
	(address)					
	(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)					
		(addr	ess)			
	(name under which investment hald)					

## **SECTION 5- OFFICE OR DIRECTORSHIP**

List every office or directorship held by you or	your spouse in any business,	, corporation, firm, or er	nterprise subject to jurisdiction	on of a
regulatory agency of this State, or of any of its p	political subdivisions.			

a)		
/	(name of	business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
		(name of office holder)
b)		<del></del>
	(name of	business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
		(name of office holder)
<u>SEC</u>	CTION 6- CREDITORS	
outst		dollars (\$5,000) or more was personally owed or personally obligated and is still mbers of your family or loans made in the ordinary course of business by either a tomarily extends credit.)
a)		(name of creditor)
1.		(address of creditor)
b)		(name of creditor)
		(address of creditor)
c)		(name of creditor)
		(address of creditor)
SEC	CTION 7- PAST-DUE AMOUNTS OWED TO	GOVERNMENT
List		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)
b)	(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**

(date)

List each guarantor or co-maker who has guaranteed a debt of yours that is extended and refinanced after Jan. 1, 1989. Members of your family who are	
a)	
(name)	
(address)	
(name)	
(address)	
SECTION 9- GIFTS	
List the source, date, description, and a reasonable estimate of the fair mark your spouse and of each gift of more than \$250 received by your dependent entertainment, advance, services, or anything of value unless consideration are a number of exceptions to the definition of "gift." Those exceptions are Interest prepared for use with this form. (Note: The value of an item shall I reimburses the person from whom the item was received any amount over \$ from the date the item was received.)	children. The term "gift" is defined as "any payment, of equal or greater value has been given therefor." There set forth in the Instructions for Statement of Financial be considered to be less than \$100 if the public servant
a)(description of gift)	
(date)	(fair market value)
(source of gi	ft)
b)	
(description of	gift)
(date)	(fair market value)
(source of gi	ft)
c)(description of	gift)
(date)	(fair market value)
(source of gi	ft)
d)	
(description of	gift)
(date)	(fair market value)
(source of gi	ft)
e)(description of	gift)

(source of gift)

(fair market value)

#### **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.

	(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)
	description of awardy
(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 expension when you appear in your official capacity when the expenses	nses for food, lodging, or travel which bears a relationship to your offices incurred exceed \$150.
a)	
(name of person	or organization paying expense)
	(business address) \$
(date of expense)	(amount of expense)
(na	ture of expenditure)
b)(name of person	or organization paying expense)
	(business address)
(date of expense)	(amount of expense)
(na	ature of expenditure)

## **SECTION 12- DIRECT REGULATION OF BUSINESS**

List any business which 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)
d)
(name of business)
(governmental body which regulates or controls)
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)
(compensation paid)
b)(goods or services)
(governmental body to whom sold)
(compensation paid)
c)(goods or services)
(governmental body to whom sold)
(compensation paid)
(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
TATE OF ARKANSAS  OUNTY OF	
ubscribed and sworn before me this day of	, 20
(Legible Notary Seal)	Notary Public
ly commission expires:	
Note: If faxed, notary seal must be legible (i.e.,	either stamped or raised and inked) and the original must follow

## **IMPORTANT**

within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

## 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.