due 1/31

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3548

Calendar year covered 2013
(Note: Filing covers the previous calendar year)

Is this an amendment? ☐ Yes ☒ No

For assistance in completing this form contact:
Arkansas Ethics Commission
Phone (501) 324-9600
Toll Free (800) 422-7773

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.

SECTION 1- NAME AND ADDRESS

Name Mounts (Last) Jeffrey (First) Todd (Middle)

Address Box 632, 220 Mtn Mist Dr (Street or P.O. Box Number) Dierks (City) AR (State) 71833 (Zip Code)

Phone 870-557-3790

Spouse's name Mounts (Last) Cassi (First) Suzanne (Middle)

All names under which you and/or your spouse do business: The Glass Shop, 2M Door + Window, 4-States Overhead Door

SECTION 2- REASON FOR FILING

☐ Public Official _____ (office held)

☐ Candidate _____ (office sought)

☐ District Judge _____ (name of municipality)

☐ City Attorney _____ (name of city)

☐ State Government: Agency Head/Department Director/Division Director _____ (name of agency/department/division)

☐ Chief of Staff or Chief Deputy _____ (name of Constitutional Officer, Senate, or House of Representatives)

☐ Public appointee to State Board or Commission _____ (name of board/commission)

☒ School Board member Dierks School District (name of school district)

☐ Candidate for school board _____ (name 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 advertising and promotion commission)

☐ Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____ (name of research park authority board)

FILED
JAN 29 2014
Arkansas
Secretary of State

The law provides for a maximum penalty of $2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A.§ 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

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.

a) Check appropriate box: ☐ More than $1,000 ☒ More than $12,500

Pilgrims
(name of employer or source of income)

DeQueen, AR
(address)

Jeffrey T Mounts
(name under which income received)

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

b) Check appropriate box: ☐ More than $1,000 ☒ More than $12,500

Nashville Family Dentistry
(name of employer or source of income)

Nashville, AR
(address)

Cassi S Mounts
(name under which income received)

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

c) Check appropriate box: ☒ More than $1,000 ☐ More than $12,500

ZM Door + Window
(name of employer or source of income)

Nashville, AR
(address)

Jeffrey T Mounts
(name under which income received)

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

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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)

_____
(address)

_____
(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)

_____
(address)

_____
(name under which investment held)

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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) 2M Door + Window
(name of business, corporation, firm, or enterprise)
Box 814 Nashville, AR 71852
(address)
Vice - President
(office or directorship held)
Jeffrey T Mounts
(name of office holder)

b) 4-States Overhead Door
(name of business, corporation, firm, or enterprise)
Box 814 Nashville, AR 71852
(address)
President
(office or directorship held)
Jeffrey T Mounts
(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) FSB - Dierks
(name of creditor)
(address of creditor)

b) Arkansas Superior FCU - Warren, AR
(name of creditor)
(address of creditor)

c) Citi Mortgage
(name of creditor)
(address of creditor)

SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a)
(name of governmental body) (address of governmental body)
(amount owed) (nature of the obligation)

b)
(name of governmental body) (address of governmental body)
(amount owed) (nature of the obligation)

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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.)

a) _____
(name)

_____
(address)

b) _____
(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.)

a) _____
(description of gift)

_____
(date) (fair market value)

_____
(source of gift)

b) _____
(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)

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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.

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- 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.

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)

_____
(address)

_____ $_____
(date of expense) (amount of expense)

_____
(nature of expenditure)

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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)

d) _____
(goods or services)

_____
(governmental body to whom sold)

_____
(compensation paid)

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SECTION 14- SIGNATURE

I certify under penalty of false swearing that the above information is true and correct.

Signature

STATE OF ARKANSAS

COUNTY OF Howard } ss

Subscribed and sworn before me this 29 day of January, 2014.

(Legible Notary Seal)

Notary Public

JANET L. BOBO
HOWARD COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires September 01, 2020
Commission No. 12378513

My commission expires: 09/01/2020

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 county clerk.
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 previous 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.
* 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.

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