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 2015
(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? ☐ Yes ☒ 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.

SECTION 1- NAME AND ADDRESS

Name WILLIAMS (Last) ALISON (First) RENEE (Middle)

Address 5410 CONNECTICUT AVE NW (Street or P.O. Box Number) WASHINGTON (City) DC (State) 20015 (Zip Code)

Phone 202 669 2920

Spouse's name KUCHERAVY (Last) ROBERT (First) WILLIAM (Middle)

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

SECTION 2- REASON FOR FILING

FILED
JUL 01 2015
Arkansas
Secretary of State

☐ 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 OFFICE OF STATE FEDERAL RELATIONS (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 _____ (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)

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

N/A

(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 _____

b) 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 _____

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 _____

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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

See attached

(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) N/A
(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

b) _____
(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) GREAT LAKES BANK
(name of creditor)
P.O. BOX 7860, MADISON WI 53707-7860
(address of creditor)

b) _____
(name of creditor)

(address of creditor)

c) _____
(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) N/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) N/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) N/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) N/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) N/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) N/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) N/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~~ WASHINGTON

COUNTY OF DISTRICT OF COLUMBIA } ss

Subscribed and sworn before me this 29 day of JUNE, 2015.

(Legible Notary Seal)

Notary Public

My commission expires at will of Governor

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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Ameritrade

Please note: For best results, be sure to enable 'Print Background Colors and Images' when printing this page.

Portfolio: Positions (Combined)

11:43am ET 06/28/15

Combined value	Cash & cash alts.	Avail. for withdrawal	Total positions val.	Margin balance	Maint. req.
$115,479.43	$1,956.06 $0.00 (0.00%)	$6,384.77	$125,441.66	-$11,918.29	$71,805.46

Stocks

View: Stock (default)

Symbol	Account	Qty	Last	Chg ($)	Cost	Mkt value*	Maint req	Gain ($)*	Gain (%)*
AFL	alisonrwilliams	200	63.68	0.00	12,460.00	12,738.00	--	278.00	2.23%
CRR	alisonrw	300	43.13	0.00	11,025.00	12,939.00	--	1,914.00	17.36%
DFS	alisonrw	100	59.12	0.00	5,725.00	5,912.00	--	187.00	3.27%
EBAY	alisonrwilliams	100	61.035	0.00	5,500.00	6,103.50	--	603.50	10.97%
EWW	alisonrw	100	56.37	0.00	6,175.00	5,637.00	--		
F	alisonrwilliams	300	15.40	0.00	5,070.00	4,620.00	--		
FLO	alisonrwilliams	600	21.72	0.00	13,650.00	13,032.00	--		
GVAL	alisonrwilliams	200	20.81	0.00	5,150.00	4,162.00	--		
HOLX	alisonrwilliams	100	38.25	0.00	3,700.00	3,825.00	--	125.00	3.38%
JOY	alisonrwilliams	200	37.22	0.00	10,450.00	7,444.00	--		
VFC	alisonrw	100	70.78	0.00	5,600.00	7,078.00	--	1,478.00	26.39%

Current value: $83,690.50 $0.00 (0.00%)

Options

View: Option (default)

Symbol	Account	Qty	Underlying	Bid	Ask	Close	Last	Cost	Mkt value*	Maint req	Gain ($)*
DFS Jan 20 2017 50 Call	alisonrw	15	DFS	11.10	12.10	11.10	10.70	16,050.00	16,650.00	--	600.00
EWW Jan 15 2016 60.0 Call	alisonrw	10	EWW	1.94	2.27	2.1226	2.38	3,800.00	1,940.00	--	
SPY Dec 16 2016 180.0 Put	alisonrw	15	SPY	8.50	8.93	8.715	8.81	12,300.00	12,750.00	--	450.00
WFM Jan 15 2016 55.0 Call	alisonrw	20	WFM	0.13	0.18	0.155	0.15	13,600.00	260.00	--	

Current value: $31,600.00

Mutual Funds

View: Mutual fund (default)

Symbol	Account	Qty	NAV*	Chg ($)	Offer*	Cost	Mkt value*	Maint req	Gain ($)*	Gain (%)*
TEPLX	alisonrwilliams	411.478	24.67		24.67	7,971.77	10,151.16	--	2,179.39	27.34%

Current value: $10,151.16 $0.00 (0.00%)

Cash and Cash Alternatives

Description	Account	Mkt value*	Day gain ($)*	Accrued interest ($)[1]	
Cash	--	0.00	0.00	--	
FDIC INSURED DEPOSIT ACCOUNT IDA10 NOT COVERED BY SIPC	alisonrwilliams	1,956.03	--	0.03	View rate schedule

Current value: $1,956.03 $0.00 (0.00%)

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