STATEMENT OF FINANCIAL INTEREST

State/District officials file with: Cole Jester, Secretary of State

2024 Calendar year covered ______(Note: Filing covers the previous calendar year)

500 Woodlane Street Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548

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. Do not file this form with the Arkansas Ethics Commission.

SECTI	ON 1- NAME AND ADDRESS	Δ .		\cap
Name	West	Angela		P
Address	TOY Hast Ublin	Ave (First) NL	IL AR	(Middle)
Phone	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)
	's name	NIA	la la constanta de la constanta	e meri. II. II. gullissona
•	(Last) nes under which you and/or your spouse do	o business:N(First)		(Middle)
				/25 13:24:11
<u>SECTI</u>	ON 2- REASON FOR FILING		Terri Holl Pulaski Ci	rcuit County Clerk
	Public Official			
	Candidate	(office held)	s Sachnisa di Neri	an shekara
	District Judge	(office sought)		
		(name of district)		
	City Attorney	(name of city)		
	State Government: Agency Head/Depart	and should be a set of the set of		
П	Chief of Staff or Chief Deputy		(name of agency/depa	artment/division)
	Public appointee to State Board or Com	(name of Constitutional Officer, Ser	nate, or House of Representa	atives)
¥	School Board member Nov H		rd/commission) Mer	of bistric
	Candidate for school board	(name of school district)		
	Public or Charter School Superintendent	(name of school district)		
	Public of Charter School Superintendent	(name of school district/school)		
	Executive Director of Education Service	Cooperative		
	Advertising and Promotion Commission		ne of cooperative)	
_		(name of adv	ertising and promotion com	mission)
	Research Park Authority Board member	under A.C.A. § 14-144-201 et seq.		park authority board)

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.

Revised 12/2017

SECTION 2- REASON FOR FILING (continued)

□ Airport board or commission	Appointee to one of th	e following municipal, county ommission	or regional boards or cor	nmissions (list name of 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 yo or your spouse receives gross income of the business or profession from which you or yous opsous derives income that constitute a portion of the gross income of the business or profession from which you or you receive gross income 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 MAYAS More than \$12,500 (name under which income received) Provide a brief description of the nature of the services for which the compensation was received				
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. Fo exceeding \$1,000 from at least one source, the answer N/A is <u>not correct</u> . a) Check appropriate box: b) Check appropriate box: charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the compensation was received charter of the services for which the c	\Box Utility board or con	mission	en otte Medre	n – I administration april 100
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 yoo 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 A A A A A A More than \$12,500 (name of employer or source of fincome) A A A A A A A A A A A A A A A A A A A				
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 A A A A A A A A A A A A A A A A A A	SECTION 3- SOURCE OF IN	<u>ICOME</u>		
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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	AIN	☐ More than \$12,500
		(name of corp	oration, firm or ente	erprise)
			(address)	
		(name under	which investment	held)
b)	Check appropriate box:	☐ More than \$1,000	14	☐ More than \$12,500
		(name of corpo	oration, firm or ente	erprise)
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		(name under	which investment	held)
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		(name under	r 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.

. 1

a)	NA	
/	(name of business, corporation, firm, or enterprise)	ecil oppiquiate box
	(address)	
	(office or directorship held)	
	(name of office holder)	neer throught even at a
b)		
	(name of business, corporation, firm, or enterprise)	
	(address)	
	(office or directorship held)	
		and the second

(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)		
	(name of creditor)	e en manager en
b)	(address of creditor)	39
0)	(name of creditor)	
	(address of creditor)	
c)	(name of creditor)	
	(name of creditor)	nock appropriate (xev.
	(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)	
b)	(amount owed)	(nature of the obligation)	
0)	(name of governmental body)	(address of governmental body)	
	(amount owed)	(nature of the obligation)	
		(b)	

SECTION 8- GUARANTOR OR CO-MAKER

a)		di avasi should inste is the mean
	(name)	
\	(address)	
D)	(name)	(diala)
	(address)	
SECTION 9- GIFTS		
List the source, date, description, and a reason your spouse and of each gift of more than \$250 entertainment, advance, services, or anything of are a number of exceptions to the definition of Interest prepared for use with this form. (Note reimburses the person from whom the item was from the date the item was received.) a)	0 received by your dependent children. The of value unless consideration of equal or grea f "gift." Those exceptions are set forth in the e: The value of an item shall be considered t as received any amount over \$100 and the rei	term "gift" is defined as "any payment, ater value has been given therefor." There Instructions for Statement of Financial o be less than \$100 if the public servant
(14)	(description of gift)	(fair market value)
(date)		
	(source of gift)	
b)	(description of gift)	(a), b)
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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 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)	(description of award)	(fair market value)
	(4440)		
		(source of award)	
		(description of award)	6.111114.00
	(date)	and the second	(fair market value)
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SECTION 12- DIRECT REGULATION OF BUSINESS

List any business which emp	loys you and is under direct reg	ulation or subject to direct control by the go	vernmental body which you	1 serve.
a)		V	7	
		(name of business)		
	(govern	mental body which regulates or controls)		
b)				
		(name of business)	i) 20 m	Land Market
	(govern	mental body which regulates or controls)	and the second	Then Find in 19
c)				
·	- thirly	(name of business)	RHONDA COLOUITT	
d)	(govern	mental body which regulates or controls)	MY COMMISSION # 126-151 EXPIRES: May 20, 2025 Pulasid County	
u <u>)</u>	r	(name of business)	at Martin and	sole wante

(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)	NA	
-)	(goods or services)	two is a second
	(governmental body to whom sold)	n off seebel 1
b)	(compensation paid)	Len com locard
0)	(goods or services)	The state of the s
	(governmental body to whom sold)	
	(compensation paid)	
c)	(goods or services)	ita anti-contracine. Reveal en referente
	(governmental body to whom sold)	<u>in estrine stibu</u> Mar end the
d)	(compensation paid)	
u)	(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 Charles Wood
STATE OF ARKANSAS
COUNTY OF PULASKI }ss
Subscribed and sworn before me this <u>31</u> day of <u>January</u> , 20 <u>25</u> .
Rhonda Colquitt Rhonda Colquitt MXCOMMISSION # 12693839 EXPIRES: May 20, 2025 Notary Public
My commission expires: May 20, 2025

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 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.