STATEMENT OF FINANCIAL INTEREST

For assistance in completing this form contact: Calendar year covered State/District officials file with: Arkansas Ethics Commission (Note: Filing covers the previous calendar year) Mark Martin, Secretary of State Phone (501) 324-9600 State Capitol, Room 026 Toll Free (800) 422-7773 Little Rock, AR 72201 Phone (501) 682-5070 Is this an amendment? Yes No Fax (501) 682-3548 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. Name Address (State) Spouse's name (Middle) (Last) (First) All names under which you and/on your spouse do business: 1 17:75:74 SECTION 2- REASON FOR FILING Public Official (office held) (office sought) District Judge _ (name of district) 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 (name of school district) Candidate for school board (name of school district) Public or Charter School Superintendent (name of school district/school)

(name of cooperative)

(name of advertising and promotion commission)

(name of research park authority hoard)

Executive Director of Education Service Cooperative ____

Research Park Authority Board member under A.C.A. § 14-144-201 et seq.___

Advertising and Promotion Commission member _

SECT	FION 2- REASON FOR F	ILING (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 com	☐ Utility board or commission			
	☐ Civil Service commi	ssion			
SECT	FION 3- SOURCE OF IN	COME			
or you	ur spouse receives gross inconstitute a portion of the grantants, attorneys, farmers,	come amounting to more than \$1,000. ross income of the business or profession contractors, etc. do not have to list their the answer N/A is not correct.	your spouse, or any other person for the use or benefit of you (You are not required to disclose the individual items of income on from which you or you spouse derives income. For example r individual clients.) If you receive gross income exceeding		
a)	Check appropriate box: More than \$1,000 More than \$12,500				
		(name under which	income regeived)		
Provi	ide a brief description of the	e nature of the services for which the co	St la can Marian		
b) C	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of employer o	r source of income)		
	-	(addr	ess)		
		(name under which	income received)		
Provi	ide a brief description of th	e nature of the services for which the co	ompensation was received		
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of employer or source of income)				
		(addr	ress)		
		(name under which	income received)		
0	ida a briaf description of th	e nature of the services for which the c	omnensation was received		
LION	ide a offer description of the	A PROPERTY AND DATE THAT AND ALTERNATIVE AND A			

List inve	estment or holding. Individua	n which you, your spouse or any other per	son for the use or benefit of you or your spouse have an sures should be based on fair market value at the end of the			
repo	orting period.	_				
a)	Check appropriate box:	☐ More than \$1,000	More than \$12,500			
H	A	(name of corporation, firm or enterprise)				
	,	(address)			
	-	(name under which in	vestment held)			
b)	Check appropriate box:	☐ More than \$1,000	More than \$12,500			
		(name of corporation, firm or enterprise)				
		(address)			
		(name under which in	vestment hold)			
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation, firm or enterprise)				
		(address	s)			
		(name under which in	vestment held)			
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation, firm or enterprise)				
		(address)				
		(name under which in	vestment held)			
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500			
		(name of corporation, fi	rm or enterprise)			
		(address	s)			
		(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)

Check appropriate box:

List every office or directorship held by you or regulatory agency of this State, or of any of its	or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a spolitical subdivisions.
NIC	
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 NA	
List each creditor to whom the value of five t	housand dollars (\$5,000) or more was personally owed or personally obligated and is still ed to members of your family or loans made in the ordinary course of business by either a and customarily extends credit.)
a)	(name of creditor)
	(address of creditor)
b)	
c)	
	(address of creditor)
List the name and address of each government the nature of the amount of the obligation.	11 -
a) (name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

(amount owed)

SECTION 8- GUARA	ANTOR OR CO-MAKER		A	
List each guarantor or extended and refinance	co-maker who has guarante ed after Jan. 1, 1989. Mem	ed a debt of bers of your	f yours that is still outst family who are your g	tanding. (This includes debt guarantors arising or guarantors are not required to be disclosed.)
a). 1			(name)	
	-	-	(address)	***************************************
b)			(name)	
			(address)	
your spouse and of cac entertainment, advanc- are a number of excep Interest prepared for u	description, and a reasonable ch gift of more than \$250 re e, services, or anything of votions to the definition of "gitse with this form. (Note: I from whom the item was re	eccived by your alue unless ift." Those The value of	our dependent childrer consideration of equal exceptions are set forth an item shall be consider	of each gift of more than \$100 received by you on. The term "gift" is defined as "any payment, or greater value has been given therefor." There in the Instructions for Statement of Financial dered to be less than \$100 if the public servant the reimbursement occurs within ten (10) days
a) 11111		•	(description of gift)	
	(date)		· In made and a second a second and a second a second and	(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)	
	(duta)			(fair market value)

(source of gift)

School for Mathematics, Sciences, and the Arts, a university, long learning center, or a community college, the law requires	as School for the Blind, the Arkansas School for the Deaf, the Arkansas a college, a technical college, a technical institute, a comprehensive life- syou to disclose each monetary or other award over one hundred dollars outlions to education. The information disclosed with respect to each such onable estimate of the fair market value.
a) NA	
(d	escription of award)
(date)	(fair market value)
	(source of award)
b)	
(d	escription of award)
(date)	(fair market value)
	(source of award)
c)	lescription of award)
	(fair market value)
(date)	
	(source of award)
d) (c	lescription of award)
(date)	(fair market value)
	(source of award)
when you appear in your official capacity when the expenses	ses for food, lodging, or travel which bears a relationship to your office incurred exceed \$150.
(name of person	or organization paying expense)
(1	pusiness address)
(date of expense)	(amount of expense)
(nat	nire of expenditure)
b) (name of person	or organization paying expense)
	business address)
(date of expense)	(amount of expense)

(nature of expenditure)

SECTION 12- DIRECT REGU	ATION OF BUSINESS	
List any husiness which employs you	and is under direct regulation or subject to direct control by the go	overnmental body which you serve.
a NIA		
a) 1V 1	(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 GOV	1 4 1 /1 1	
List the goods or services sold to the compensation paid for each category stockholder owning more than 10% of	governmental body for which you serve which have a total annual of goods or services sold by you or any business in which you or you the stock of the company.	your spouse is an officer, director, or
NA	•	
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)	The state of the s
	(governmental body to whom sold)	
D.	(compensation paid)	
d)	(goods or services)	
	(governmental body to whom sold)	

(compensation paid)

SECTION 14- SIGNATURE

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.