STATEMENT OF FINANCIAL INTEREST

State/District officials file with: Charlie Daniels, Secretary of State State Capitol, Room 026 Little Rock, AR 72201

Calendar year covered _ (Note: Filing covers the previous calendar year) For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Toll Free (800) 422-7773

Phone (501) 682-5070 Fax (501) 682-3548 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.

Name									
	(Last)	(First)		(Middle)					
aure	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)					
one		<u>—</u>							
ous	e's name(Last)	(First)		(Middle)					
l na	mes under which you and/or your spouse do business:								
ECT	TON 2- REASON FOR FILING								
	Public Official								
_		(office held)							
	Candidate	(office sought)							
	District Judge								
_	(na	me of municipality)							
	City Attorney								
	State Government: Agency Head/Department Director/Division Director								
7	(name of agency/department/division)								
_	Chief of Staff or Chief Deputy(name or	of Constitutional Officer, S							
	Public appointee to State Board or Commission		•	· ·					
7		(name of box	ard/commission)						
	School Board member(nar	me of school district)							
	Candidate for school board								
7		me of school district)							
	Public or Charter School Superintendent(name of	of school district/school)							
]	Executive Director of Education Service Cooperati	ve							
7	(name of cooperative)								
J		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								

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 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							
		(name of employer or source of income)								
			(address)							
		(name under	which income received)							
]	Provide a brief description of	the nature of the services for w	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	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									
d)	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						
	(name of corporation, firm or enterprise)								
		(;	ddress)						
		(name under w	nich investment held)						
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500						
		(name of corpora	ion, firm or enterprise)						
		(;	ddress)						
		(name under w	nich 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)								
		(;	ddress)	-					
		(name under w	nich investment held)						
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500						
	(name of corporation, firm or enterprise)								
	(address)								
		(name under w	nich investment held)						
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500						
		(name of corpora	ion, firm or enterprise)						
		(;	ddress)						
		(name under w	nich 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 p	political subdivisions.			

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)
SEC'	ΓΙΟΝ 6- CREDITORS
outsta	each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still anding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a cial institution or a person who regularly and customarily extends credit.)
a) _	(name of creditor)
-	(address of creditor)
b) _	(name of creditor)
_	(address of creditor)
c)_	(name of creditor)
	(address of creditor)
SEC'	ΓΙΟΝ 7- GUARANTOR OR CO-MAKER
	each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or ded and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)
a)_	(name)
	(address)
_ (ס	(name)

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(address)

SECTION 8- 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)	
		(description of girt)	
	(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)	
f)			
		(description of gift)	
	(date)		(fair market value)
		(source of gift)	
g)			
<u> </u>		(description of gift)	
	(date)		(fair market value)
		(source of gift)	

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SECTION 9- 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)	
. <u></u>			
		(description of award)	
	(date)	(fair market value)	
		(source of award)	
		(description of award)	
	(date)	(fair market value)	
		(source of award)	
		(description of award)	
		·	
-	(date)	(fair market value)	
		(source of award)	
ECTION 1	.0- NONGOVERNMENTAL SO	AUDCES OF DAVMENIT	
st each noi	ngovernmental source of payment	of your expenses for food, lodging, or travel which bears a relationship to your a the expenses incurred exceed \$150.	office
	(1	name of person or organization paying expense)	
		(business address)	
	(date of expense)	\$(amount of expense	 e)
		(nature of expenditure)	
	(1	name of person or organization paying expense)	
		(address)	
	(date of expense)	\$(amount of expense)
		(nature of expenditure)	

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SECTION 11- DIRECT REGULATION OF BUSINESS

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டால் வா	v ousiness	WILLCII	CHIDIO	vs vou and	i is unuci	uncet re	guianon c	n subject i	io unicci co	πασι σν ι	บรอ	verimientai oo	iv willell	vou sei ve.

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)
<u>SEC</u>	TION 12- SALES TO GOVERNMENTAL BODY
	he 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 sensation 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
	holder 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)
d)	(compensation paid)
	(goods or services)
-	(governmental body to whom sold)
-	(compensation paid)

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SECTION 13- SIGNATURE

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

	Signature
STATE OF ARKANSAS COUNTY OF	
Subscribed and sworn before me this day of	, 20
(Legible Notary Seal)	Notary Public
My 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.

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.

Municipal judges and city attorneys file with the city clerk of the municipality in which they serve.

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.
- * 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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