# STATEMENT OF FINANCIAL INTEREST

State/District officials file with: John Thurston, Secretary of State State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548 Calendar year covered 2020 (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. Do not file this form with the Arkansas Ethics Commission.

SEC	CTION 1- NAME AND ADDRESS	·		
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Add	ress P.D. Box 423	Chi (First)	Ank	(Middle)
Phor	ne Syl- 23 8/(	(City)	(State)	(Zip Code)
Spou	ise's name BAIS	Banba	27	A.
All n	(Last) ames under which you and/or your spouse do	business:	N 14	(Middle)
		1/1/		
SEC	TION 2- REASON FOR FILING			
V	Public Official 5P	Dist. 9		
	Candidate	(office held)		
	District Judge	(office sought)	× × ×	2022
	City Attorney	(name of district)	ROURE COURE	S T
	State Government: Agency Head/Departm	(name of city)	BRAL 100.	CO
	Chief of Staff or Chief Deputy		(name of agency/depart	- Property
	Public appointee to State Board or Commi	(name of Constitutional Officer Sen	ate, or House of Representati	veg
	School Board member	(name of hourd	/commission)	
	Candidate for school board	(name of school district)	The second secon	
	Public or Charter School Superintendent _	(name of school district)		
J	Executive Director of Education Service Co	(name of school district/school) ooperative	24	
	Advertising and Promotion Commission me	(nama	of cooperative)	
J	Research Park Authority Board member un	(in none = C = 1	ising and promotion commis	sion)
		3 1 1 1 1 1 201 ct seq.	(name of research par	k 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

	110N 2- REASON FOR	FILING (continued)		
			or regional boards or commissions list n	ame of board or commission):
	☐ Airport board or co	mmission		1
	☐ Water or Sewer boa	ard or commission		(
	☐ Utility board or con	nmission	- / V / '	
	☐ Civil Service comm	ission	<del></del>	
SECT	ION 3- SOURCE OF IN			
accoun \$1,000	nstitute a portion of the grants, attorneys, farmers	ross income of the business or procontractors, etc. do not have to lefthe answer N/A is not correct.  More than \$1,000	ich you, your spouse, or any other perso 1,000. (You are not required to disclose rofession from which you or you spouse ist their individual clients.) If you received	e the individual items of incore derives income. For example gross income exceeding
		(name of empl	oyer 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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rovide a	ck appropriate box:	☐ More than \$1,000  (name of employ)  (name under value of the services for which the serv	More than eyer or source of income)  (address)  which income received)  the compensation was received	n \$12,500
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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
i i	. V	(name of cor	poration, firm or enterprise)
	5	, and	(address)
		(name und	er which investment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
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c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
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		(name unde	r which investment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
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			(address)
		(name unde	r which investment held)
) (	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
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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, corpor- regulatory agency of this State, or of any of its political subdivisions.	ration, firm, or enterprise subject to jurisdiction of a

	(name of business, corporation, firm, or enterprise)	
	(address)	,
	(office or directorship held)	
	(name of office holder)	· · · · · · · · · · · · · · · · · · ·
b)	The state of the s	
	(name of business, corporation, firm, or enterprise)	
	(address)	
8	(office or directorship held)	
	(name of office holder)	
SECTION 6- CREDITORS		
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	(name of creditor)	
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)	(name of creditor)  (address of creditor)  (address of creditor)	
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CTION 7- PAST-DUE AMOUNTS OWE	(name of creditor)  (address of creditor)  (name of creditor)  (address of creditor)  (name of creditor)  (address of creditor)	
CTION 7- PAST-DUE AMOUNTS OWE	(name of creditor)  (address of creditor)  (name of creditor)  (address of creditor)  (name of creditor)  (address of creditor)	
CCTION 7- PAST-DUE AMOUNTS OWE at the name and address of each governmental nature of the amount of the obligation.	(name of creditor)  (address of creditor)  (name of creditor)  (name of creditor)  (name of creditor)  (address of creditor)  (address of creditor)  DTO GOVERNMENT  all body to which you are legally obligated to pay a past-due	
SCTION 7- PAST-DUE AMOUNTS OWE at the name and address of each governmental nature of the amount of the obligation.  (name of governmental body)	(name of creditor)  (address of creditor)  (address of creditor)  (name of creditor)  (name of creditor)  (address of creditor)  ED TO GOVERNMENT  al body to which you are legally obligated to pay a past-due  (address of governmental body)	

## SECTION 8- GUARANTOR OR CO-MAKER

extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.) (name) (address) (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.) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift) (description of gift) (date) (fair market value) (source of gift)

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or

#### **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.

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(date)			(fair market value)	
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ECTION 11- NONGOVERNMENTAL SOL	URCES OF PAYMEN'	<u>T</u>		
ist each nongovernmental source of payment owner you appear in your official capacity when	f your expenses for food the expenses incurred ex	d, lodging, or t xceed \$150.	ravel which bears a relationship to	o your off
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a)	loys you and is under direct regulation or subject to direct control by the governmental body which you ser
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npensation paid for each cate; ckholder owning more than 1	o the governmental body for which you serve which have a total annual value in excess of \$1,000. List the gory of goods or services sold by you or any business in which you or your spouse is an officer, director, 0% of the stock of the company.
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(governmental body to whom sold)

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#### **SECTION 14-SIGNATURE**

My commission expires:

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.

My Commission Expires 7-18-2028

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.