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 2021

(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

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.

SECT	FION 1- NAME AND ADDRESS			
Name	Emberton	Lucas		Wiley
Addre	ss 7222 Hwy 110	(First)	AR	(Middle) 7203
Phone	(Street or P.O. Box Number) 501 - 757 - 2284	(City)	(State)	(Zip Code)
	e's name <u>Emberton</u>	Laura		Michelle
All na	(Last) mes under which you and/or your spouse do business:	(First)		(Middle)
•				
SECT	ION 2- REASON FOR FILING			
	Public Official Van Bu	ren County.	Sheriff	2022 VAN
	Candidate	(office held)		Z JAN
	District Judge	(office sought)		26 T
	City Attorney	name of district)		PH PH
	State Government: Agency Head/Department Direct	(name of city)		- 50
	Chief of Staff or Chief Deputy		(name of agenc	y/department/division)
	(name of Public appointee to State Board or Commission	Constitutional Officer, Sena		esentatives)
	School Board member	(name of board/	commission)	
	Candidate for school board	e of school district)	· · · · · · ·	
	Public or Charter School Superintendent	e of school district)		
	(name of Executive Director of Education Service Cooperative	school district/school)		10
	Advertising and Promotion Commission member	(nama (of cooperative)	
Image: Control of the	Research Park Authority Board member under A.C.A	(name of adverti	sing and promotion.	commission)
				arch park authority hoard)

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 Wan Buren County More than \$12,500
(name of employer or source of income) 184 Actention 20. Choton AR 72031
Lucas Emberton
(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 City of Green brier More than \$12,500
(name of employer or source of income) (Nor Farm Ro. Greenbrier AZ 72058 (address)
Laura Earberton
(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 Lift of Green bries. More than \$12,500
(name of employer or source of income) // Wilson Farm Rd. Green brief AR 72058 (address)
Laura Emberton
(name under which income received)
Provide a brief description of the nature of the services for which the compensation was received

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 co	rporation, firm or enterpr	ise)
			(address)	
-		(name und	der which investment held	i)
b)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
	10 20 00 00 00 00 00 00 00 00 00 00 00 00	(name of con	poration, firm or enterpri	se)
			(address)	
West to the control		(name und	er which investment held	
c)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
		(name of cor	poration, firm or enterpri	se)
	5		(address)	
		(name und	er which in estment held)
d)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500
	ri s	(name of cor	poration, firm or enterpris	se)
			(address)	
		(name und	er which investment held	\ \\ \.
e)	Check appropriate box:	☐ More than \$1,000		More than \$12,500
		(name of corp	ooration, firm or enterpris	e) \
			(address)	
		(name unde	er which investment held)	
) (Check appropriate box:	☐ More than \$1,000	a	☐ More than \$12,500
		(name of corp	oration, firm or enterpris	e) \\
			(address)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		(name unde	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.

a)		/
(nan	ne of business, corporation, firm, or enterprise)	
	(address)	
	(office or directorship held)	
	(name of office holder)	
b)		
(nam	e 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 thousa outstanding. (This does not include debts owed to financial institution or a person who regularly and	nd dollars (\$5,000) or more was personally owed or members of your family or loans made in the ordina customarily extends credit.)	personally obligated and is stil try course of business by either
a)		
4	(name of creditor)	
b)	(address of creditor)	
	(name of creditor)	
c)	(address of creditor)	
	(name of creditor)	1
	(address of creditor)	
SECTION 7- PAST-DUE AMOUNTS OWED T	O GOVERNMENT	
List the name and address of each governmental both the nature of the amount of the obligation.		due amount and a description of
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)	

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has gu	paranteed 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 guaranton	rs are not required to be disclosed.)

a)				
			(name)	
b)			(address)	
	\		(name)	
	_		(address)	
SECTION 9- GIFTS			i i	e ^{ser}
your spouse and of each entertainment, advance, are a number of excepti Interest prepared for us	h gift of more that, services, or anything to the definite with this form. From whom the ite	n \$250 received by y thing of value unless ion of "gift." Those Note: The value of	our dependent chil consideration of ec exceptions are set an item shall be co	alue of each gift of more than \$100 received by you ldren. The term "gift" is defined as "any payment, qual or greater value has been given therefor." Ther forth in the Instructions for Statement of Financial onsidered to be less than \$100 if the public servant and the reimbursement occurs within ten (10) days
a)			11	
		/ (description of gift))
	(date)		· · · · · · · · · · · · · · · · · · ·	(fair market value)
			(source of gift)	
)		\	\	
		(description of gift)	
9	(date)			(fair market value)
	-	****	(source of gift)	
)				
		((description of gift)	:
	(date)		/	(fair market value)
			(source of gift)	1
)			,	
		((description of gift)	
	(date)			(fàir market value)
				(Tall market value)
)			(source of gift)	
,		(0	description of gift)	
	(date)			(fair market value)
				(tall market value)
			(source of gift)	

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.

a)			
	(description of award)		
(date)		(fair mark	et value)
	(source of award)		*
b)	(description of award)		
(date)	, , , , , , , , , , , , , , , , , , , ,	(fair marke	et value)
	(source of award)		
c)	(description of award)		~
(date)	(description of award)		
(date)		(fair marke	t value)
H)	(source of award)		
0	(description of award)		
(date)		(fair market	value)
SECTION 11- NONGOVERNMENTAL SO			
ist each nongovernmental source of payment when you appear in your official capacity when	of your expenses for food, lodging, or traven the expenses incurred exceed \$150.	el which bear	s a relationship to your office
)			
(r	name of person or organization paying expense)	
	(business address)	\$	
(date of expense)		\	(amount of expense)
	(nature of expenditure)		
(n	ame of person or organization paying expense)		\
	(business address)		
(date of expense)		\$	(amount of expense)
	(nature of expenditure)		1

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

	ploys you and is under direct regulation or subject to direct control by the governmental body which you ser-
a)	
i i	(name of business)
\	(governmental body which regulates or controls)
0)	- Controls
	(name of business)
	(governmental body which regulates or controls)
)	
	(name of business)
	(governmental body which regulates or controls)
)	
****	(name of business)
And the second	(governmental body which regulates or controls)
5.1EE5 10	to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the goods or services sold by you or any business in which you or your change in the second sec
	to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the egory of goods or services sold by you or any business in which you or your spouse is an officer, director, 10% of the stock of the company.
	(gods or services)
	(governmental body to whom sold)
	(compensation paid)
	(goods or services)
	\
	(governmental body to whom sold)
	(governmental body to whom sold) (compensation paid)
	(compensation paid) (goods or services)
	(goods or services) (governmental body to whom sold)
	(compensation paid) (goods or services) (governmental body to whom sold) (compensation paid)
	(goods or services) (governmental body to whom sold) (compensation paid) (goods or services)
	(goods or services) (governmental body to whom sold) (compensation paid)
	(compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services)

SECTION 14- SIGNATURE

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

Signature

STATE OF ARKANSAS

COUNTY OF Nan Buren

} ss

Subscribed and sworn before me this

_ day of <u>January</u>

(Legible Notary Seal)

Notary Public

My commission expires: (2)

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original followithin 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.