

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
Charlie Daniels, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3548

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

Is this an amendment? Yes No

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

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.

SECTION 1- NAME AND ADDRESS

Name _____
(Last) (First) (Middle)

Address _____
(Street or P.O. Box Number) (City) (State) (Zip Code)

Phone _____

Spouse's name _____
(Last) (First) (Middle)

All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

Public Official _____
(office held)

Candidate _____
(office sought)

District Judge _____
(name of municipality)

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)

Executive Director of Education Service Cooperative _____
(name of cooperative)

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 _____

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 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)	_____
	(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)	_____	(description of gift)	_____
	(date)		(fair market value)
		(source of gift)	_____

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