STATEMENT OF FINANCIAL INTEREST

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

Fax (501) 682-3548

Calendar year covered 2017
(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.

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<u>SECTI</u>	ON 1- NAME AND ADDRESS			
Name	Sturch	James	Marvin	
Address	s 275 (Community	Orive Batesville Al	2 (Middle) 72501	
Phone	(Street or P.O. Box Number) 870 - 612 - 7589	(City) (State)	(Zip Code)	
Spouse'	's name <i>N/A</i>			
	(Last)	(First) o business:		
SECTI:	ON 2- REASON FOR FILING			
X	Public Official State	Representative Senator, District 19 (office sought)	F11.F.D	
X	Candidate State	Senator, District 19	14 N 9 6 0040	
	District Judge	(office sought)	JAN 2 3 2018	
	City Attorney	(name of district)	Arkansas Secretary of State	
	State Government: Agency Head/Depart	(name of city)		
	State Government: Agency Head/Department Director/Division Director			
	Public appointee to State Board or Com-	(name of Constitutional Officer, Senate, or House of	of Representatives)	
	Public appointee to State Board or Commission			
	(name of school district) Candidate for school board			
	(name of school district) Public or Charter School Superintendent			
		(name of school district/school)		
Ш	Executive Director of Education Service Cooperative			
	Advertising and Promotion Commission member			
	Research Park Authority Board member	(name of advertising and pronunder A.C.A. § 14-144-201 et seq	notion commission)	
_	Doub Monitor		of research park authority board)	

SECT	ON 2- REASON FOR	FILING (continued)	
	Appointee to one of th ☐ Planning board or c	e following municipal, county or regional ommission	boards or commissions (list name of board or commission):
		nmission	
		ission	
SECTI	ON 3- SOURCE OF IN	COME	
or your that cor accoun \$1,000 a) C	spouse receives gross in astitute a portion of the glants, attorneys, farmers, from at least one source, heck appropriate box: Room 35	come amounting to more than \$1,000. (Y ross income of the business or profession contractors, etc. do not have to list their in the answer N/A is not correct. More than \$1,000 State of Arc (name of employer or s 500 Wasslaw (address James Sta	ource of income) L Ave. Little Rock AR 7220; come received) pensation was received Salary For
b) Cho	eck appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of employer or s	ource of income)
		(address)
		(name under which in	come received)
Provide	a brief description of th	e nature of the services for which the com	pensation was received
c) C	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of employer or se	ource of income)
		(address)
		(name under which in	come received)
Provide	a brief description of the	e nature of the services for which the com	pensation 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 APERS	More than \$12,500		
		(name of corporation, firm	n or enterprise)		
	124 W.	capital Ane Ste	100 Little Rock, AR 7220		
		(address)	· /		
		(name under which invo	Sturch		
		(name under which inve	esunem neid)		
b)	Check appropriate box:	More than \$1,000 AR Diamon			
		(name of corporation, firm	Ste 1611 Little Rock, AR		
		(address)	urch		
		(name under which inv			
		(name under winen my	istilent nord)		
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of corporation, firm or enterprise)				
		(address)	·		
		(name under which inv	estment held)		
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of corporation, firm	n or enterprise)		
		(address)			
		(name under which inv	estment held)		
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of corporation, firm or enterprise)				
	- 	(address)			
	<u>.</u> .	(name under which inv	estment held)		
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
_		(name of corporation, firm	n or enterprise)		
		(maile of corporation, mi			
		(address)			
		(name under which inv	estment held)		

SECTION 8- GUARANTOR OR CO-MAKER List each guaranter or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantees asi

a) / V		(name)
		(address)
b)		(name)
CECTION A. CI	TPTO	(address)
SECTION 9- GI		
your spouse and of entertainment, ad are a number of e Interest prepared reimburses the pe from the date the	of each gift of more than \$250 receivance, services, or anything of values exceptions to the definition of "gift for use with this form. (Note: The erson from whom the item was receitem was received.)	estimate of the fair market value of each gift of more than \$100 received by you developed by your dependent children. The term "gift" is defined as "any payment, use unless consideration of equal or greater value has been given therefor." There ." Those exceptions are set forth in the Instructions for Statement of Financial evalue of an item shall be considered to be less than \$100 if the public servant eived any amount over \$100 and the reimbursement occurs within ten (10) days
a)//	<u>/</u>	(description of gift)
	(date)	
	(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)

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.

		(description of award)	
	(date)		(fair market value)
		(source of award)	
NA			
		(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)	
TION 11- NO	NGOVERNMENTAL SOU	RCES OF PAYMENT	
each nongover	nmental source of payment of	your expenses for food, lodging or	travel which bears a relationship to your offic
		he expenses incurred exceed \$150.	
Nati	and Conference	- of State leave	latures
<u> </u>	- (nai	me of person or organization paying exp First Place De (business address)	pense)
	1700 East	(husiness address)	num, (6 80230
5/22-	5/24/17 e of expense)	(business address)	\$ \$\ \(\begin{aligned} \qq \q
(date	e of expense)	. – 1	(amount of expense)
	(onten	unce / Travel expe	nses
	_	(nature of expenditure)	
5	authern Region	al Education B	par d
	(nar	ne of person or organization paying exp	pense)
54	12 10th Strut	me of person or organization paying exp NW AHlanta, C (business address)	A 30318
(2120	1-6126/17	(business address)	\$ 774.00
(date	e of expense)		(amount of expense)
		turne / Travel Px	denses
		(nature of expenditure)	

	- DIRECT REGULATION OF BUSINESS
a)	s which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.
/	(name of business)
b) /	(governmental body which regulates or controls)
· ·	(name of business)
a)	(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 GOVERNMENTAL BODY
compensation pa	r services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the aid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or ing more than 10% of the stock of the company.
a)	1A-
	(goods or services)
	(governmental body to whom sold)

a) N/A		
·	(goods or services)	
	(governmental body to whom sold)	
b) NIA	(compensation paid)	
0)	(goods or services)	
	(governmental body to whom sold)	
c)	(compensation paid)	
<u> </u>	(goods or services)	
	(governmental body to whom sold)	
d)	(compensation paid)	
<u> </u>	(goods or services)	
	(governmental body to whom sold)	
	(compensation paid)	

SECTION 14- SIGNATURE

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

James Sturel
Signature

STATE OF ARKANSAS

COUNTY OF COUNTY

Subscribed and sworn before me this

ay of Januam

, 20 **| C**

ARKANSAS N ARKANSAS N Leavine Na

KAYLA SANSOM No. 12697012 Nownoke County

Commission Expires 2-29-2026

My commission expires: 2-29-2004

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).

Notary Public

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.