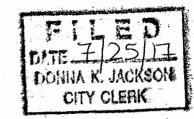
Lynda Lou Hogue FILED 117 <u>F</u>|25|17 4114 Raider Road Joneskarr, Arkansas 72404 DONNA K. JACKSON CITY CLERK Birthplace: Jonesborn, Arkanses Birthday: February 1, 1941 Age 76 Occupation: Retried Leacher 30years Jonesper Public Schoole I wrote the early retirement fill for all School personnel and State emplayees in the State of Arkansas, I wanted a twenty fine year hetwonent, but Savernar Huckabe would say go for a twenty eight and and. House Bill 1266 april 1, 1997 I wele the T- Drop Bill for all School personnel and State employees in the State of Arkansa. Severnar Auckabee signed this Bliel, HB 1266-April 1, 1997 I was appointed to serve on the Sevenni Advisory Council on aging under the direction of Sevenne fin Luy Lucker. I was responded by Sevenne

Huckabee, Jeverner Beebee and Jeverner Hutchinion. Sam serving on this Back at the present time. Congressional Dutiet - Paintion # 1, to serve on the Arkansas Leacher Retirement Beach of Arustees. I served from Medember 1, 1995 the June 30, 2001. This was a total of suf years. bur account was managed by me and the Beard of Arustees, we had a total of 10.4 Billion dellar to supervise, and we paid to our returnes each Month a total of one Mellion Sallars. Souring on the Speech required expertise in Managing money, but bearing to ware with themande of the web trusted you in please this money. His harrendous resume. Its I did hat know the resume was a requirement. The mental process is not desirable, I broke this ies ter minutes. Please forgine all errors and mistakes. Dish lack in finding a replacement. Mr. Dere lose as honest, truthful indevidual.

CITY OF JONESBORO ETHICS DISCLOSURE STATEMENT



List or attach a list of all real estate holdings within the city limits of the City of Jonesboro owned and/or controlled by you or your family as defined by the Jonesboro Code of Ordinances Section 2-98 (D).

Thuse ardis mil

List or attach a list of any business or any other financial interest owned and/or controlled by you or your family as defined by the Jonesboro Code of Ordinances Section 2-98 (D) which could affect or be affected by decisions of the Jonesboro City Council, by decisions of other elected city officials or by decisions of city administrative officers or department heads.

List or attach a list of any familial relationships as defined by the Jonesboro Code of Ordinances Section 2-98 (D) with any other city official or employee which could affect or be affected by decisions of the Jonesboro City Council, by decisions of other elected city officials or by decisions of city administrative officers or department heads.

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Hogue DU

25, 2017

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 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.

SEC	TION 1- NAME AND ADDRESS	,
Name	- Hogye Lynda	204
Addr	e <u>HOQUE</u> ess <u>4/14</u> <u>Kq1der</u> <u>Road</u> <u>Jonesbo</u> (Street of P.O. Box Number) City	m Arkansas (Middle)
1 Lucit	(Street of P.O. Box Number) (City)	(State) (Zip Code)
Phone	e <u>10 955202d</u>	• /
Spous	se's name Divorced 1985 Never Venal (Last) (First)	rica
All n	(Last) (First) ames under which you and/or your spouse do business: None	(Middle)
1 kji in		
SEC.	<u>FION 2- REASON FOR FILING</u>	
	Public Official	19617
M	Candidate (office held)	DETING & LAOVOAN
R	Candidate (office sought)	CITY CLERK
	District Judge	L_OIT OLEMA
	(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	ate, or House of Representatives)
	Public appointee to State Board or Commission	
_	(name of board	
	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

Advertising and Promotion Commission member

 \square

(name of cooperative)

(name of advertising and promotion commission)

Research Park Authority Board member under A.C.A. § 14-144-201 et seq._

(name of research park authority board)

SECTION 2- REASON FOR FILING (continued)

		e following municipal, county or regionation methods on the second second second second second second second se	al boards or commissions (list name of board or commission):
			·
	Civil Service comm	ission	
<u>SECT</u>	TON 3- SOURCE OF IN	ICOME	
or you that co accour	r spouse receives gross in institute a portion of the g intants, attorneys, farmers,	come amounting to more than \$1,000. (ross income of the business or profession	your spouse, or any other person for the use or benefit of you You are not required to disclose the individual items of income from which you or you spouse derives income. For example individual clients.) If you receive gross income exceeding
a) (Check appropriate box:	☐ More than \$1,000	More than \$12,500
		(audres) (name under which i	ncome received)
Provid	e a brief description of th	e nature of the services for which the cor	npensation was received
b) Ch	eck appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of employer or	source of income)
		(addres	is)
<u></u>		(name under which i	ncome received)
Provid	e a brief description of the	e nature of the services for which the cor	npensation was received
c) (Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(name of employer or	source of income)
	<u></u>	(addres	(S)
·		(name under which in	ncome received)
Provid	e a brief description of the	e nature of the services for which the cor	npensation 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
	None	(name of corporation, fi	rm or enterprise)
<u> </u>	None	(address	;)
		(name under which in	vestment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
	·	(name of corporation, fi	rm or enterprise)
	· · · · · · · · · · · · · · · · · · ·	(address)
		(name under which in	vestment held)
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fi	rm or enterprise)
		(address)
		(name under which in	vestment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fi	m or enterprise)
		(address)
		(name under which in	vestment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fir	rm or enterprise)
	· · · · ·	(address)
		(name under which in	vestment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
	· · · ·	(name of corporation, fin	m or enterprise)
		(address	
		(name under which in	vestment 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.

us inent Hrkansas Teacher Trustees Congression firm. or First by the NAYOMAD Une (office or directorship held) (name of office holder) rvemovs dri.sar business corporation, firm or enterprise overnors torship held) di (name of office holder)

SECTION 6- CREDITORS

b)

c)

a)

b)

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

00 a) Bank of name of creditor

(address of creditor)

(name of creditor)

(address of creditor)

(name of creditor)

(address of creditor)

SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

Vone

(name of governmental body)

(address of governmental body)

(nature of the obligation)

(amount owed)

(address of governmental body)

(amount owed)

(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guaranteed 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 guarantors are not required to be disclosed.)

a)	None	
	(name)	
b)	(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.)

a)	10	NE	
/		(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)	

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)
	(description of award)
(date)	(fair market value)
- <u>-</u>	(source of award)
b)	(description of award)
(date)	
(date)	(fair market value)
	(source of award)
:)	(description of award)
(date)	(fair market value)
	(source of award)
ť)	
	(description of award)
(date)	(fair market value)
(date)	(fair market value) (source of award)
SECTION 11- NONGOVERNMEN List each nongovernmental source of p when you appear in your official capac	(source of award) <u>TAL SOURCES OF PAYMENT</u> rayment of your expenses for food, lodging, or travel which bears a relationship to your offi rity when the expenses incurred exceed \$150.
SECTION 11- NONGOVERNMEN List each nongovernmental source of p when you appear in your official capac	(source of award) <u>TAL SOURCES OF PAYMENT</u> ayment of your expenses for food, lodging, or travel which bears a relationship to your offi- bity when the expenses incurred exceed \$150.
SECTION 11- NONGOVERNMEN List each nongovernmental source of p when you appear in your official capac	(source of award) TAL SOURCES OF PAYMENT ayment of your expenses for food, lodging, or travel which bears a relationship to your offi- ity when the expenses incurred exceed \$150. Mone (name of person or organization paying expense) (business address)
SECTION 11- NONGOVERNMEN List each nongovernmental source of p when you appear in your official capac	(source of award) TAL SOURCES OF PAYMENT ayment of your expenses for food, lodging, or travel which bears a relationship to your officity when the expenses incurred exceed \$150. Mone (name of person or organization paying expense)
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SECTION 11- NONGOVERNMEN List each nongovernmental source of p vhen you appear in your official capac)	(source of award) TAL SOURCES OF PAYMENT ayment of your expenses for food, lodging, or travel which bears a relationship to your officity when the expenses incurred exceed \$150. Mone (name of person or organization paying expense) (business address) (amount of expense) (nature of expenditure)
SECTION 11- NONGOVERNMEN List each nongovernmental source of p when you appear in your official capac	(source of award) TAL SOURCES OF PAYMENT ayment of your expenses for food, lodging, or travel which bears a relationship to your officity when the expenses incurred exceed \$150. Mone (name of person or organization paying expense) (business address) (arnount of expense) (nature of expenditure) (name of person or organization paying expense)
SECTION 11- NONGOVERNMEN List each nongovernmental source of p when you appear in your official capac a)	(source of award) TAL SOURCES OF PAYMENT ayment of your expenses for food, lodging, or travel which bears a relationship to your officity when the expenses incurred exceed \$150. Mone (name of person or organization paying expense) (business address) (amount of expense) (nature of expenditure)

SECTION 12- DIRECT REGULATION OF BUSINESS

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

a)	Van P	
	(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)	

SECTION 13- SALES TO GOVERNMENTAL BODY

List the 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 compensation 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 stockholder owning more than 10% of the stock of the company.

a)	None	
-)	(goods or services)	
· · ·	(governmental body to whom sold)	
b)	(compensation paid)	
0)	(goods or services)	
	(governmental body to whom sold)	
	(compensation paid)	
c)	(goods or services)	
	(governmental body to whom sold)	
	(compensation paid)	
d)	(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.

	Lynda	Low	Hoque	
OT ATE OF A BY AND A D	Signature	, -	1	
COUNTY OF CVAIGHLAd SS			/	
Subscribed and sworn before me this 25 ⁺ day of	f Tub	. 20	7	
Casigheed County APPRIL ANGES NOVERTELE FORETT	Apilla Notary Public	nelle G	2gett	
My commission expires: $\frac{192926}{110926}$				
Note: If faxed, notary seal must be legible (i.e	e., either stamped or raised	and inked) and th	e 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.

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 county clerk.

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 previous 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.