

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
John Thurston, Secretary of State
500 Woodlane Street
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3548

Calendar year covered 2023
(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.

SECTION 1- NAME AND ADDRESS

Name	<u>Chism</u>	<u>Jerry</u>	<u>Alan</u>
	(Last)	(First)	(Middle)
Address	<u>338 Aviation Way</u>	<u>Austin</u>	<u>AR</u>
	(Street or P.O. Box Number)	(City)	(State)
Phone	<u>501-951-3500</u>		<u>72007</u>
			(Zip Code)
Spouse's name	<u>Chism</u>	<u>Kelly</u>	<u>Denise</u>
	(Last)	(First)	(Middle)

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

SECTION 2- REASON FOR FILING

<input type="checkbox"/>	Public Official _____	(office held)	FILED JAN 12 2024 Arkansas Secretary of State
<input type="checkbox"/>	Candidate _____	(office sought)	
<input type="checkbox"/>	District Judge _____	(name of district)	
<input type="checkbox"/>	City Attorney _____	(name of city)	
<input checked="" type="checkbox"/>	State Government: Agency Head/Department Director/Division Director	<u>Dept. of Cmmerce - Division of Aeronautics</u>	
		(name of agency/department/division)	
<input type="checkbox"/>	Chief of Staff or Chief Deputy _____	(name of Constitutional Officer, Senate, or House of Representatives)	
<input type="checkbox"/>	Public appointee to State Board or Commission _____	(name of board/commission)	
<input type="checkbox"/>	School Board member _____	(name of school district)	
<input type="checkbox"/>	Candidate for school board _____	(name of school district)	
<input type="checkbox"/>	Public or Charter School Superintendent _____	(name of school district/school)	
<input type="checkbox"/>	Executive Director of Education Service Cooperative _____	(name of cooperative)	
<input type="checkbox"/>	Advertising and Promotion Commission member _____	(name of advertising and promotion commission)	
<input type="checkbox"/>	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)

- 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 More than \$12,500

Arkansas Department of Commerce - Division of Aeronautics

_____ (name of employer or source of income)

2315 Crisp Drive, Hangar 8, Little Rock, Arkansas 72202

_____ (address)

Jerry Alan Chism

_____ (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received _____

State employee - Division Director

b) Check appropriate box: More than \$1,000 More than \$12,500

Jerry Chism, Architect

_____ (name of employer or source of income)

338 Aviation Way, Austin, Arkansas 72007

_____ (address)

Jerry Alan Chism

_____ (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received _____

Architectural services

c) Check appropriate box: More than \$1,000 More than \$12,500

Arkansas Blue Cross / Blue Shield

_____ (name of employer or source of income)

601 S. Gaines, Little Rock, Arkansas 72201

_____ (address)

Kelly Denise Chism

_____ (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received _____

RN Nurse Supervisor

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 corporation, firm or enterprise)

(address)

(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under 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) Arkansas Aviation Historical Society

(name of business, corporation, firm, or enterprise)

P.O. Box 99, Mayflower, Arkansas 72106

(address)

President

(office or directorship held)

Jerry Alan Chism

(name of office holder)

b) Arkansas Airport Operators Association

(name of business, corporation, firm, or enterprise)

Little Rock, Arkansas

(address)

Ex-officio Board member

(office or directorship held)

Jerry Alan Chism

(name of office holder)

SECTION 6- CREDITORS

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.)

a) _____

(name of creditor)

(address of creditor)

b) _____

(name of creditor)

(address of creditor)

c) _____

(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.

a) _____

(name of governmental body)

(address of governmental body)

(amount owed)

(nature of the obligation)

b) _____

(name of governmental body)

(address of governmental body)

(amount owed)

(nature of the obligation)

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 life-long 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 market value)

_____ (source of award)

b) _____
(description of award)

_____ (date) _____ (fair market value)

_____ (source of award)

c) _____
(description of award)

_____ (date) _____ (fair market value)

_____ (source of award)

d) _____
(description of award)

_____ (date) _____ (fair market value)

_____ (source of award)

SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) _____
(name of person or organization paying expense)

_____ (business address)

_____ (date of expense) \$ _____ (amount of expense)

_____ (nature of expenditure)

b) _____
(name of person or organization paying expense)

_____ (business address)

_____ (date of expense) \$ _____ (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) _____
(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) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)
- b) _____
(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)

