

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 Scott Jamie
(Last) (First)
Address P O Box 1030 NLR AR 72115
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-348-2961

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

All names under which you and/or your spouse do business: Incredibly Gifted Faith Collection

SECTION 2- REASON FOR FILING

- Public Official State Representative House District 72
(office held)
- Candidate _____
(office sought)
- District Judge _____
(name of district)
- 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)
- Advertising and Promotion Commission member _____
(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)

FILED
JAN 30 2024
Arkansas
Secretary of State
Aleshia

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
Polaski County Government
(name of employer or source of income)
201 South Broadway Ste 220, Little Rock, AR 72201
(address)

(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 More than \$12,500
Philander Smith College
(name of employer or source of income)
900 W Daisy Bates Drive, Little Rock, AR 72202
(address)

(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 More than \$12,500

(name of employer or source of income)

(address)

(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
Ameriprise Financial
(name of corporation, firm or enterprise)
22 Rahling Circle, Little Rock AR 72223
(address)
James Scott
(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) _____
(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

b) _____
(name 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 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) National Conference of State Legislatures
(name of person or organization paying expense)
7700 East First Place Denver, CO 80230
(business address)
Sept 18-20, 2023 Child Welfare Fellowship 1,585.41
(date of expense) (amount of expense)

(nature of expenditure)

b) Justice Action Network: Foundation
(name of person or organization paying expense)
444 North Capitol Street, Ste 200 Washington, DC 20001
(business address)
Oct 11-13, 2023 \$ 1193.42
(date of expense) (amount of expense)
Criminal Justice Legislative Convening
(nature of expenditure)



Child Welfare Fellows – Meeting 2, Sept. 18-20 Denver, CO	
Expense Type	Cost
Hotel Sept. 18 — Sept. 20	\$530.14
Food and Beverage Monday 9/18 <i>Reception & Dinner</i>	\$160.96
Food and Beverage Tuesday 9/19 <i>Breakfast, Coffee, Lunch</i>	\$190.45
Food and Beverage Wednesday 9/20 <i>Breakfast, Coffee, and Lunch</i>	\$170.11
Travel <i>Airfare</i>	\$ 276.62
Total Expenses billed to NCSL	\$1328.28
Incidentals/Reimbursed expenses	\$ 257.13
Total Meeting expenses	\$1585.41

Brian Patrick Kennedy
Speaker Pro Tempore
Rhode Island General
Assembly
President, NCSL

Sabrina N. Lewellen
Deputy Director - Senate
Assistant Secretary of the
Senate
Arkansas General Assembly
Staff Chair, NCSL

Tim Storey
Chief Executive Officer
NCSL

Airfare = \$267.62

National Conference of State Legislatures
 7700 East First Place
 Denver, CO 80230

00039991
 10 26 2023

INVOICE DATE	VOUCHER NUMBER	INVOICE NUMBER	DESCRIPTION	AMOUNT
Oct 18, 2023	178796	09/18-09/20/23	SCOTT, J - CHILD WELFARE FELLOWS/CO	257.13

RECEIVED
 10/31/23

(Picked up
 10/31/23

TOTAL: \$257.13

National Conference of State Legislatures
 7700 East First Place
 Denver, CO 80230

KeyBank
 1675 Broadway
 Denver, CO 80202

00039991
 82-7026-3070

DATE: 10 26 2023
 AMOUNT: \$257.13

Two Hundred Fifty-seven DOLLARS and Thirteen CENTS

Pay to the Order of: SCOTT, JAMIE
 500 WOODLANE STREET
 SUITE 350
 LITTLE ROCK, AR 72201

Jimi Stoney

Second signature required if over \$2,000.00

⑈00039991⑈ ⑆30707026⑆ 76968107772⑈

National Conference of State Legislatures
 7700 East First Place
 Denver, CO 80230

00039991
 10 26 2023

Page 1 of 1

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 Denver, CO 80230

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 1675 Broadway
 Denver, CO 80202

00039991
 82-7026-3070

DATE: 10 26 2023
 AMOUNT: \$257.13

Two Hundred Fifty-seven DOLLARS and Thirteen CENTS

Pay to the Order of: SCOTT, JAMIE
 500 WOODLANE STREET
 SUITE 350
 LITTLE ROCK, AR 72201

Tim Storey

Second signature required if over \$2,000.00

⑈00039991⑈ 1:3070702670 76968107772⑈

SCOTT

Prather, Amber D.

From: Syrita Simpkins <syrita@janfound.org>
Sent: Thursday, October 26, 2023 12:08 PM
To: Prather, Amber D.
Cc: John Wilcox
Subject: Re: Representative Jamie Scott - Expense Report - JANF Criminal Justice Convening, October 11-13, 2023, Denver, CO

Hi Amber,

Please see below the breakdown of expenses billed to guests for the convening:

JAN Foundation - Criminal Justice Legislative Convening 2023

Summary of Expenses Per Person

Hotel Clio Guest Rooms \$299/night

Wednesday, October 11th

Elway's Welcome Reception \$91.26 pp

Thursday, October 12th

Hotel Clio Breakfast \$52 pp

Hotel Clio Lunch \$68 pp

Bus to/from Denver Art Museum \$33.21 pp

Denver Art Museum Dinner \$205.45 pp

Friday, October 13th

Hotel Clio Breakfast \$52 pp

Hotel Clio Boxed Lunch \$57 pp

Bus to/from The Other Side Academy (tour) \$36.50 pp

TOTAL \$894.42 * based on one hotel night

Specifically for Rep. Scott, it would be \$1193.42 (which includes a second room night).

I hope this helps! Let me know if you need more information.

Best,
Syrita Simpkins

emittance Info: Inv #ExpReimb_101823

Justice Action Network Foundation
444 North Capitol Street
Suite 200
Washington, DC 20001
3012735177

SCOTT

JPMorgan Chase Bank, N.A.
Verify: 888-237-9615
90-7162/3222

0210332710

10/19/2023

AY TO THE JAMIE SCOTT
RDER OF

\$ 409.54

our Hundred Nine and 54/100

DOLLARS

0030638 01 MB 0.561 **AUTO TO 0 5201 72201-103775 -C11-P30868-I

VOID AFTER 90 DAYS



JAMIE SCOTT
ARKANSAS HOUSE OF REPS. - STATE CAPITOL
500 WOODLANE STREET, SUITE 350
LITTLE ROCK, AR 72201-1037

John Reilly
Bill.com, LLC, Issuer

⑈0210332710⑈ ⑆322271627⑆ 215376176⑈

From: Justice Action Network Foundation
Pay To: JAMIE SCOTT

Date: 10/19/2023
Check #: 210332710

Invoice #	Bill Amount	Payment Amount
ExpReimb_101823	\$409.54	\$409.54
Total		\$409.54

**Get paid up to
7 days earlier
with BILL!**

Easily create your account and
get paid electronically.

Scan the QR code to get started



OR

Go to bill.com/epay and enter this
code:

89v02va5

JAN Foundation
CHECK REQUEST FORM

Payee Information

Name: JAMIE SCOTT
 Address: Arkansas House of Reps - State Capitol
500 Woodlane Street - Suite 350
Little Rock, AR 72201
 Zip: 72201
 Phone:
 Email:
 Service Dates: 10/19/2023
 Check Amount: 409.54
 Special Check Instructions:
 Payment Check: Date Received:

RECEIVED
10/31/23

*(Picked up
10/31/23)*

Coding

Account	Department	Description of Expense	Amount
800	800	2023 Legislative Operating Fund expense reimbursement per attached sheet	409.54
Total			409.54

Approved By: John Wilson
 Date Approved: 10/19/23
 Approved by:
 Date Approved: 10/19/23



Remittance Info: Inv #ExpReimb_101823
 Justice Action Network Foundation
 444 North Capitol Street
 Suite 200
 Washington, DC-20001
 3012735177

SCOTT

JPMorgan Chase Bank, N.A.
 Verify: 888-237-9615
 90-7162/3222

0210332710

10/19/2023

PAID TO THE ORDER OF JAMIE SCOTT

\$ 409.54

Four Hundred Nine and 54/100

DOLLARS

0030838 01 MB 0561 **AUTO TO 0 5201 72201-103776 -C11-P30888-I

VOID AFTER 90 DAYS



JAMIE SCOTT
 ARKANSAS HOUSE OF REPS. - STATE CAPITOL
 500 WOODLANE STREET, SUITE 350
 LITTLE ROCK, AR 72201-1037

John Reilly
 Bill.com, LLC, Issuer

⑈0210332710⑈ ⑆322271627⑆ 215376176⑈

From: Justice Action Network Foundation
 Pay To: JAMIE SCOTT

Date: 10/19/2023
 Check #: 210332710

Invoice #	Bill Amount	Payment Amount
ExpReimb_101823	\$409.54	\$409.54
Total	\$409.54	\$409.54

Get paid up to 7 days earlier with BILL!

Easily create your account and get paid electronically.

Scan the QR code to get started



OR

Go to bill.com/epay and enter this code:

89v02va5

JAN Foundation
 CHECK REQUEST FORM

Payee Information

Name: Janie Scott
 Address: Arkansas House of Reps - State Capitol
500 Woodlane Street - Suite 350
Little Rock, AR 72201
 Zip: 72201
 Phone: 501-221-1234
 Email: janie.scott@jan.org
 Tax ID: 12-3456789
 Service Date: 10/19/2023
 Check Amount: \$ 409.54
 Request Check Submittals: Request Check Date Needed

RECEIVED
 10/31/23

(Picked up 10/31/23)

Account	Department	Description of Expense	Amount
5023	500	2023 Legislative Expenses Travel Expenses reimbursement for meeting costs	409.54
Total			409.54

Approved by: [Signature]
 Date Approved: 10/19/23





Dear Representative Scott,

Included below are expenses billed directly to NCSL for the cost of your hotel, food and incidentals for the Child Welfare Fellows meeting held June 25-27 in Nashville, TN.

Robin Vos
 Speaker
 Wisconsin State Assembly
 President, NCSL

Anne Sappenfield
 Director
 Wisconsin Legislative
 Council
 Staff Chair, NCSL

Tim Storey
 Chief Executive Officer
 NCSL

Child Welfare Fellows – Meeting 1, June 25-June 27th, Nashville, TN	
Expense Type	Cost
Hotel <i>6/25-6/27</i>	\$ 458.68
Food and Beverage Sunday 6/25 <i>Reception & Dinner</i>	\$143.72
Food and Beverage Monday 6/26 <i>Breakfast, Coffee, Lunch</i>	\$138.00
Food and Beverage Tuesday 6/27 <i>Breakfast, Coffee, and Lunch</i>	\$117.55
Incidentals <i>Includes meals not provided at the hotel and transportation to and from the airport</i>	\$ 223.72

Airfare = \$699.40

National Conference of State Legislatures
 7700 East First Place
 Denver, CO 80230

00038743
 07 20 2023

INVOICE DATE	VOUCHER NUMBER	INVOICE NUMBER	DESCRIPTION	AMOUNT
Jun 30, 2023	172708	06/25-06/27/23	SCOTT, J - NASHVILLE MTG/TN	223.72

RECEIVED
 7/25/23
 (AID ~~ST~~)
 Picked up

TOTAL: \$223.72

National Conference of State Legislatures
 7700 East First Place
 Denver, CO 80230

KeyBank
 1675 Broadway
 Denver, CO 80202

00038743
 82-7026-3070

DATE 07 20 2023
 AMOUNT \$223.72

Two Hundred Twenty-three DOLLARS and Seventy-two CENTS

Pay to the Order of: SCOTT, JAMIE
 500 WOODLANE STREET
 SUITE 350
 LITTLE ROCK, AR 72201

Jim Storey

Second signature required if over \$2,000.00

⑈00038743⑈ ⑆307070267⑆ 76968107772⑈

National Conference of State Legislatures
 7700 East First Place
 Denver, CO 80230

00038743
 07 20 2023

INVOICE DATE	VOUCHER NUMBER	INVOICE NUMBER	DESCRIPTION	AMOUNT
Jun 30, 2023	172708	06/25-06/27/23	SCOTT, J - NASHVILLE MTG/TN	223.72

RECEIVED
 7/25/23
 (AID STAFF)
 P. KES - JP

TOTAL: \$223.72

National Conference of State Legislatures
 7700 East First Place
 Denver, CO 80230

KeyBank
 1875 Broadway
 Denver, CO 80202

00038743
 82-7026-3070

DATE: 07 20 2023
 AMOUNT: \$223.72

Two Hundred Twenty-three DOLLARS and Seventy-two CENTS

Pay to the Order of: SCOTT, JAMIE
 500 WOODLANE STREET
 SUITE 350
 LITTLE ROCK, AR 72201

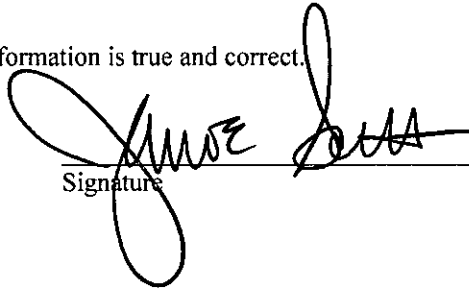
Jim Storey

Second signature required if over \$2,000.00

⑈00038743⑈ ⑆307070267⑆ 76968107772⑈

SECTION 14- SIGNATURE

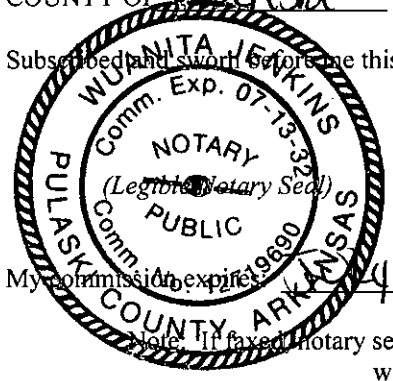
I certify under penalty of false swearing that the above information is true and correct.


Signature

STATE OF ARKANSAS

COUNTY OF PULASKI } ss

Subscribed and sworn before me this 30 day of January, 2024.



Wuanita Jenkins
Notary Public

My commission expires 07 13, 2032

Note: If a raised 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).

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 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.