

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 Fitzgibbons Lisa Jane
(Last) (First) (Middle)
Address 8 Saddleworth Place Benhamville AR 72712
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 479-899-8928

Spouse's name Fitzgibbons Sean Roger
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Lisa Hardman Fitzgibbons, Lisa Fitzgibbons, Sean Fitzgibbons

SECTION 2- REASON FOR FILING

- Public Official _____ (office held) **FILED**
- Candidate _____ (office sought) **MAR 07 2024**
- District Judge _____ (name of district) **Arkansas Secretary of State**
- 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 Arkansas Psychology Board (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)

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

Meccy Health Services Behavioral Health
(name of employer or source of income)
2112 S. 54th Street Rogers, AR 72759
(address)
Lisa Fitzgibbon
(name under which income received)

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

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

Walmart
(name of employer or source of income)
782 SW Eighth Street Bentonville, AR 72712
(address)
Sean Fitzgibbon
(name under which income received)

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

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

U.S. Federal Courts
(name of employer or source of income)
One Columbus Circle, NE PM-5300- Washington DC 20002
(address)
Lisa Fitzgibbon
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Forensic Psychology clinical consult service

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.

ATTENTION

a) Check appropriate box: More than \$1,000 More than \$12,500
Walmart
762 SW Eighth Street Bentonville, AR 72712
Sean Fitzgibbon

b) Check appropriate box: More than \$1,000 More than \$12,500
Cinemark
3940 Dallas Parkway Suite 500 Plano, TX Dallas, TX 75093
Sean Fitzgibbon

c) Check appropriate box: More than \$1,000 More than \$12,500
Pagezero Digital Ltd Corp
Avenida Brigadeiro Faria Lima 1384 4th Andar Parte A Sao Paulo
SP 01452-902 Brazil
Sean Fitzgibbon

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

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

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

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)

Not applicable

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) Toyota Financial P.O. Box 22171, Tempe AZ 85285
(name of creditor)
b) Bank of America 100 North Tryon Street Charlotte, NC 28255
(address of creditor)
c) USAA 9800 Fredericksburg Rd San Antonio, TX 78203
(name of creditor)
d) AMex P.O. Box 96001 Los Angeles CA 90096-8000
(address of creditor)
e) Newrez, LLC P.O. Box 188 26 Greenville, SC 29603
(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)

Not applicable

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) _____ (name)
_____ (address)

b) _____ (name)
_____ (address)

Not applicable

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) _____ (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)

Not applicable

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)

Not applicable

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)

Not applicable

SECTION 14- SIGNATURE

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



Signature

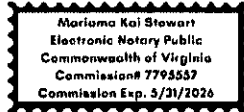
STATE OF Virginia

} ss

City OF Richmond

Subscribed and sworn before me this 31 day of January, 2024.

(Legible Notary Seal)



Notary Public

My commission expires: 5/31/2026

This notarial act was an online notarization

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).

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.

SECTION 14- SIGNATURE

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



Signature

STATE OF ARKANSAS

COUNTY OF Benton } ss

Subscribed and sworn before me this 7 day of march, 20 24


(Legible Notary Seal)
My commission expires: 02-10-2031


Notary Public
Jessica Erin Bell
Benton COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires 02/10/2031
Commission No. 12713086

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).

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