

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 2023-2024
(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 Makhija Sharmila Kumari
Address 16 S. Sechrist Circle Rogers AR 72758
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 404-561-1704
Spouse's name N/A
(Last) (First) (Middle)
All names under which you and/or your spouse do business: Sharmila K. Makhija

SECTION 2- REASON FOR FILING

- Public Official _____ (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 GME Residency Expansion 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)

FILED
MAR 01 2024
Arkansas
Secretary of State

The **organization** is the source of payment. It should be the name of the sponsor actually paying or providing the expenses. The **date of expenses** should be the inclusive dates of all travel provided. If the travel all occurred on one day, report that day. Otherwise, list the starting and ending dates of each trip provided (i.e., "May 1 - 5, 1997").

It is permissible to extend the duration of a trip at your own expense, accepting return travel from the sponsor. However, to avoid suggesting that travel was accepted for a longer period of time than was actually the case, you should indicate any time not spent at the sponsor's expense on either the line requesting the "date" or "nature" of expenses. For example, using the dates listed above, you could report "May 1 - 5, 1997. May 3 - 4 on personal business, expenses paid by me."

Section 12 (Direct Regulation of Business)

The law requires you to list any business by whom you are employed if the business is under direct regulation or subject to direct control by the governmental body which you serve. You must report the employment by listing the name of this business/employer and provide the governmental body which regulates or controls aspects of the business. Such a business relationship typically exists if your private employer is subject to any rules or regulations of a governmental body or if a governmental body adjudicates contested cases of fact involving your private employer. For example, if you work as a licensed dentist, the appropriate regulatory governing body may be the State Board of Dental Examiners.

Whether your business is under direct regulation or subject to direct control by a governing body is often a question of fact. If you are unsure, you should contact the Arkansas Ethics Commission or, if you know, the agency you suspect may regulate part or all of your activities.

Section 13 (Sales to Governmental Body)

The law requires you to report certain business relationships with the government if a significant sale of goods or services occurs. Specifically, you must set out in detail the goods or services sold having a total annual value in excess of \$1,000.00 sold to the governmental body for which you serve or are employed and the compensation paid for each category of goods or services by you or any business in which you or your spouse is an officer, director, stockholder owning more than ten percent (10%) of the stock, owner, trustee, or partner.

Section 14 (Signature)

Under the law, each person, required to file a Statement of Financial Interest must prepare the statement under penalty of false swearing and sign such form attesting to the truth and accuracy of the information set forth on the form. Ark. Code Ann. § 21-8-702. If a person who is required to file a Statement of Financial Interest is called to active duty in the armed forces of the United States, the statement may be completed by the spouse of the person. If the Statement of Financial Interest is completed by the spouse, under this exception, the spouse's signature shall be sufficient for the requirement of Ark. Code Ann. § 21-8-702.

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
Alice L. Walton School of Medicine (AWSOM)
(name of employer or source of income)
805 McClain Rd, Suite 8000, Bentonville, AR. 72712
(address)
Sharmila Makhiya
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Employed as
Founding Dean and CEO of AWSOM

b) Check appropriate box: More than \$1,000 More than \$12,500
Montefiore Health System
(name of employer or source of income)
111 E 210th St, Bronx, NY. 10467
(address)
Sharmila Makhiya
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Department Chair & Professor OB/GYN (last day was 4/1/23)

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
JPMorgan Brokerage (BRKB/VFIAX/VTSA/VTI)
(name of corporation, firm or enterprise)
270 Park Avenue, New York, NY 10172
(address)
Sharmila Makhija
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
JP Morgan (AIG AGL)
(name of corporation, firm or enterprise)
270 Park Avenue, New York, NY 10172
(address)
Sharmila Makhija
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
TIAA Brokerage (VOO/BRKB/AAPL/ARKK)
(name of corporation, firm or enterprise)
730 3rd Avenue, New York, NY 10017 (6th Floor)
(address)
Sharmila Makhija
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
TIAA Retirement (UAB-TIAA traditional + CREF / Univ Pitt - Vanguard + CREF / Emory: Vanguard + CREF)
(name of corporation, firm or enterprise)
TIAA Retirement (Univ of Louisville: TIAA CREF)
(address)
Sharmila Makhija
(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
Fidelity (AWE 401K / Montefiore 403B)
(name of corporation, firm or enterprise)
245 Summer Street, Boston, MA 02210
(address)
Sharmila Makhija
(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
Bank of America (treasury trust)
(name of corporation, firm or enterprise)
100 N Tryon Street, Charlotte, NC 28202
(address)
Sharmila Makhija
(name under which investment held)

g. Omega Realty (holding) more than 12,500
4518 Valleydale Rd.
Birmingham, Alabama 35242
Sharmila Makhija

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.
Revised 12/2017

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) _____
(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 14- SIGNATURE

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

Shaimle Kumari Makhyji
Signature

STATE OF ARKANSAS

COUNTY OF Benton } ss

Subscribed and sworn before me this 28 day of February, 2024.



Amanda Rachel Ivie
Notary Public

My commission expires: 01/13/2032

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.

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AMANDA RACHEL IVE
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