

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
John Thurston, Secretary of State  
State Capitol, Room 026  
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 Anderson Melvin A  
(Last) (First) (Middle)  
Address 103 Lily Drive Maumelle AR 72113  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501-256-1418

Spouse's name Anderson Cheryl B  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: Melvin A. Anderson, Mel A. Anderson  
Cheryl B. Anderson, Cheryl Brown Anderson

**FILED**  
JAN 31 2024  
Arkansas  
Secretary of State

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_  
(office held)
- Candidate \_\_\_\_\_  
(office sought)
- District Judge \_\_\_\_\_  
(name of municipality)
- City Attorney \_\_\_\_\_  
(name of city)
- State Government: Agency Head/Department Director/Division Director AR Insurance Department - Finance Division  
(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)

**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 your 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 Insurance  
(name of employer or source of income)

1 Commerce Way, Little Rock, AR 72202  
(address)

Melvin A. Anderson  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Financial Solvency examination and analysis

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

Arkansas Diamond Deferred Compensation Plan  
(name of employer or source of income)

P.O. Box 5179, Boston, MA 02206-5179  
(address)

Melvin A. Anderson  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Dividends and capital gains distributions

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

Charles Schwab & Co., Inc.  
(name of employer or source of income)

Orlando Operations Center, P.O. Box 628291, Orlando, FL 32862-8291  
(address)

Melvin A Anderson and Cheryl B Anderson  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Mutual fund dividends and capital gains

**SECTION 3- SOURCE OF INCOME** (continued)

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.

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

The Vanguard Group

(name of employer or source of income)

P.O. Box 1110, Valley Forge, PA 19482-1110

(address)

Melvin A. Anderson, Cheryl B. Anderson

(name under which income received)

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

Dividends and capital gains distributions

**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  
Charles Schwab & Co., Inc. Meridian Contrarian, Tweedy Browne Global Value, Artisan Mid-Cap,  
(name of corporation, firm or enterprise)  
Orlando Operations Center, PO Box 628291, Orlando, FL 32862-8291 Meridian Growth, T. Rowe Price Mid-Cap Growth  
(address)  
Melvin A. Anderson and Cheryl B. Anderson  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
The Vanguard Group Vanguard Windsor, Vanguard Energy, Vanguard Strategic Equity, Vanguard International Value,  
(name of corporation, firm or enterprise)  
P.O. Box 1110, Valley Forge, PA 19482-1110 Vanguard Institutional Index Fund  
(address)  
Melvin A. Anderson and Cheryl B. Anderson  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Tweedy, Browne Fund Inc. Tweedy, Browne Global Fund  
(name of corporation, firm or enterprise)  
P.O. Box 9805, Providence, RI 02940  
(address)  
Melvin A Anderson and Cheryl B. Anderson  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Arkansas Diamond Deferred Compensation Plan Vanguard Institutional Index, Invesco Discovery  
(name of corporation, firm or enterprise)  
P.O. Box 5179, Boston, MA 02206-5179  
(address)  
Melvin A. Anderson  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Arkansas Federal Credit Union  
(name of corporation, firm or enterprise)  
P.O. Box 9, Jacksonville, AR 72078-0009  
(address)  
Melvin A. Anderson and Cheryl B. Anderson  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Bancshares of Gleason  
(name of corporation, firm or enterprise)  
P.O. Box 231, Gleason, TN 38229  
(address)  
Melvin A. Anderson  
(name under which investment held)





**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**

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

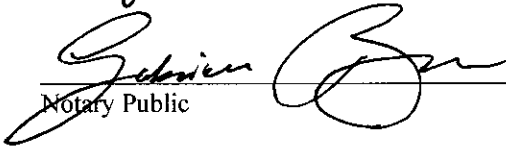
Signature 

STATE OF ARKANSAS

COUNTY OF Pulaski } ss

Subscribed and sworn before me this 30<sup>th</sup> day of January, 2024.



  
Notary Public

My commission expires: August 31, 2033

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 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.