

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 _____
(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>Hammond</u>	<u>Brad</u>	<u>Broyles</u>
	(Last)	(First)	(Middle)
Address	<u>3103 N. Lancaster Ln</u>	<u>Fayetteville</u>	<u>AR</u>
	(Street or P.O. Box Number)	(City)	(State)
Phone	<u>(479) 957-1691</u>		<u>72703</u>
			(Zip Code)
Spouse's name	<u>Hammond</u>	<u>Allison</u>	<u>Christine</u>
	(Last)	(First)	(Middle)

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

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 Arkansas Drinking Water Licensing Committee (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**

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

_____ **Olsson, Inc.** _____
(name of employer or source of income)
_____ **3537 N. Steele Blvd, Suite 310; Fayetteville, AR 72703** _____
(address)
_____ **Brad Hammond** _____
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Area Leader; Engineering Firm.

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

_____ **Rental Property Tenant** _____
(name of employer or source of income)
_____ **913 W. Eagle St; Fayetteville, AR 72701** _____
(address)
_____ **Allison Hammond** _____
(name under which income received)

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

- 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

Olsson, Inc.

(name of corporation, firm or enterprise)

3537 N. Steele Blvd, Suite 310; Fayetteville, AR 72703

(address)

Brad Hammond

(name under which investment held)

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

Bank of America (Checking & Savings)

(name of corporation, firm or enterprise)

1061 Joyce Blvd; Fayetteville, AR 72703

(address)

Brad and Allison Hammond

(name under which investment held)

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

Edward Jones (See Attachment for Mutual Funds)

(name of corporation, firm or enterprise)

15 S Block Avenue, Suite 108; Fayetteville, AR 72701

(address)

Brad and Allison Hammond

(name under which investment held)

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

Olsson 401(k) Plan by John Hancock; American Funds 2035 Target Date Retirement Fund (Class R6)

(name of corporation, firm or enterprise)

200 Berkeley St, Boston, MA

(address)

Brad Hammond

(name under which investment held)

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

UARK Federal Credit Union

(name of corporation, firm or enterprise)

1025 N. Garland Ave.; Fayetteville, AR 72701

(address)

Allison Hammond

(name under which investment held)

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

TIAA-CREF; University of Arkansas Optional Retirement 430B Plan

(name of corporation, firm or enterprise)

730 Third Avenue, New York, NY 10017

(address)

Allison Hammond

(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) Olsson, Inc.
(name of business, corporation, firm, or enterprise)
3537 N. Steele Blvd, Suite 310; Fayetteville, AR 72703
(address)
Vice President/Local Area Leader
(office or directorship held)
Brad Hammond
(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) Not Applicable
(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) Not Applicable
(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 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) Not Applicable

(name)

(address)
- b) _____
(name)

(address)

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) Not Applicable

(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)

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) **Not Applicable**

(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) **Not Applicable**

(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) Not Applicable
_____ (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) Not Applicable
_____ (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)

SECTION 14- SIGNATURE

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

Brad Hand
Signature

STATE OF ARKANSAS

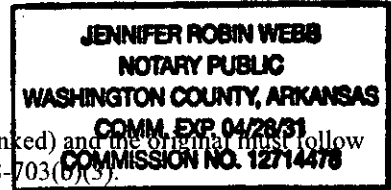
COUNTY OF Washington } ss

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

(Legible Notary Seal)

Jennifer Robin Webb
Notary Public

My commission expires: 04/28/31



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)(5).

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.

Attachment to Hammond Statement of Financial Interest - Itemization of Mutual Funds and Bonds
As of December 31, 2023

Corporate Bonds

BellSouth Corp Debenture 6.55% >\$1,000

Unit Trust

FT Invt Grd Mlt Asset Incm #29 >\$1,000

Gugg Invt Grd Corp 3-7Yr #11

Mutual Funds

American Growth Fd of Amer A >\$12,500

American Inc Fund of Amer A >\$12,500

American Invest Co of Amer A >\$12,500

American New Perspective A >\$12,500

American New World A >\$1,000

Hartford Cap Appreciation A >\$12,500

Hartford Midcap A >\$12,500

Hartford Total Return Bond A >\$1,000

Mutual Funds >\$12,500

Jh Freedom 529 2029-2032 A

Mutual Funds >\$1,000

Jh Freedom 529 2033-2036 A

Mutual Funds

American New Perspective CI F3
Symbol: FNPFX >\$1,000
Asset Category: Large Cap

Blackrock Equity Dividend CI K
Symbol: MKDVX >\$1,000
Asset Category: Large Cap

Goldman Sachs Financial Square
Government CI I >\$1,000
Symbol: FGTX
Asset Category: Cash/Equivalents

Hartford Midcap CI F >\$1,000
Symbol: HMDFX
Asset Category: Small & Mid Cap

Invesco Developing Markets CI
R6 >\$1,000
Symbol: ODVIX
Asset Category: Aggressive

Mutual Funds

Lord Abbett High Yield CI F3
Symbol: LHYOX >\$1,000
Asset Category: Aggressive Income

Natixis Loomis Sayles
Investment Grade Bond CI N >\$1,000
Symbol: LGBNX
Asset Category: Income

PIMCO International Bond
(USD-Hedged) CI I >\$1,000
Symbol: PFORX
Asset Category: Income

T Rowe Price Integrated US
Small-Cap Growth Equity I >\$1,000
Symbol: TQAIX
Asset Category: Small & Mid Cap

T Rowe Price Large-Cap Growth
CI I >\$1,000
Symbol: TRLGX
Asset Category: Large Cap

Victory Sycamore Established
Value CI R6 >\$1,000
Symbol: VEVRX
Asset Category: Small & Mid Cap

Mutual Funds

Blackrock High Yield Bond K
Symbol: BRHYX >\$1,000
Asset Category: Aggressive Income

Federated Hermes Government
Obligations CI Prm >\$1,000
Symbol: GOFXX
Asset Category: Cash/Equivalents

Invesco Eqv Emerging Markets
All Cap CI R6 >\$1,000
Symbol: GTDFX
Asset Category: Aggressive

John Hancock Bond CI R6
Symbol: JHBSX >\$1,000
Asset Category: Income

John Hancock Disciplined Value
Mid Cap CI R6 >\$1,000
Symbol: JVMRX
Asset Category: Small & Mid Cap

Mutual Funds

JPMorgan Equity Income CI R6
Symbol: OIEJX >\$1,000
Asset Category: Large Cap

MFS Global Growth CI R6 >\$1,000
Symbol: MWOKX
Asset Category: Large Cap

MFS Growth CI R6 >\$1,000
Symbol: MFEKX
Asset Category: Large Cap

Neuberger Berman Genesis CI I >\$1,000
Symbol: NBGIX
Asset Category: Small & Mid Cap

Pgim Global Total Return CI R6 >\$1,000
Symbol: PGTOX
Asset Category: Income

Principal Midcap CI R6 >\$1,000
Symbol: PMAQX
Asset Category: Small & Mid Cap

Mutual Funds

American New Perspective CI F3
Symbol: FNPFX >\$12,500
Asset Category: Large Cap

Federated Hermes Institutional
High Yield Bond CI R6 >\$1,000
Symbol: FIHLX
Asset Category: Aggressive Income

Hartford Dividend & Growth CI
F >\$12,500
Symbol: HDGFX
Asset Category: Large Cap

Hartford Midcap CI F >\$1,000
Symbol: HMDFX
Asset Category: Small & Mid Cap

Invesco Developing Markets CI
R6 >\$1,000
Symbol: ODVIX
Asset Category: Aggressive

Mutual Funds

John Hancock Disciplined Value
Mid Cap CI R6 >\$1,000
Symbol: JVMRX
Asset Category: Small & Mid Cap

JPMorgan Large Cap Growth CI
R6 >\$12,500
Symbol: JLGFX
Asset Category: Large Cap

JPMorgan Small Cap Growth CI
R6 >\$1,000
Symbol: JGSMX
Asset Category: Small & Mid Cap

Met West Total Return Bond CI
Plan >\$12,500
Symbol: MWTSX
Asset Category: Income

PIMCO International Bond
(USD-Hedged) CI I >\$1,000
Symbol: PFORX
Asset Category: Income

T Rowe Price U.S. Treasury
Money CI I >\$1,000
Symbol: TRGXX
Asset Category: Cash/Equivalents