

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 previous calendar year)

Filed Date: 01/22/2024 12:48:09 PM

Is this an amendment? Yes NoFor assistance in completing
this form contact:

Arkansas Ethics Commission
Phone (501) 324-9600
Toll Free (800) 422-7773

Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in the section. Do Not leave any part of this form blank. If additional space needed, you may attach the information to this document. Do not file this form with the Arkansas Ethics Commission.

SECTION 1 - NAME AND ADDRESSName: **John C. Kirtley**Address: **322 South Main St, Suite 600, Little Rock, AR 72201**Phone: **(501) 682-0190**Spouse's Name: **Melanie K. Kirtley****All names under which you and/or your spouse do business**Melanie Kirtley, John Clay Kirtley

SECTION 2 - REASON FOR FILING

State Government Agency Head/Department Director/Division Director: Arkansas Department of Health/Arkansas State Board of Pharmacy

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.

Value	Name of Employer or Source of Income	Address	Name under which Income Received	Description
More than \$12,500	Arkansas State Board of Pharmacy	322 South Main Street, Suite 600, Little Rock, AR 72201	John Clay Kirtley	Employment
More than \$12,500	Cornerstone Pharmacy	16115 St. Vincent Way, S-120, Little Rock, AR 72223	Melanie Kirtley	Employment

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.

Value	Name of Corporation, Firm or Enterprise	Address	Individual
More than \$12,500	Arvest Bank	P.O. Box 2220, Little Rock, AR 72203	John Clay Kirtley
More than \$12,500	TIAA Cref	P.O. Box 1259, Charlotte, NC 28201	John Clay Kirtley
More than \$12,500	Arkansas Diamond Deferred Compensation Plan	400 W. Capitol, Ste 1611, Little Rock, AR 72201	John Clay Kirtley
More than \$12,500	Vanguard	455 Devon Park Drive, Wayne, PA 19087	Melanie Kirtley

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.

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.)

Name of Creditor	Address of Creditor
Not Applicable	

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.

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.)

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.)

Description of Gift	Date	Fair Market Value	Source of Gift
Not Applicable			

SECTION 10- AWARDS

If you are an employee of a public school district, the Arkansas School of 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.

Description Of Award	Date	Fair Market Value	Source of Award
Not Applicable			

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.

Name of Person or Organization Paying Expense	Business Address	Date of Expense	Amount of Expense	Nature of Expenditure
National Association of Boards of Pharmacy	1600 Feehanville Dr, Mt Prospect, IL 60056	09/28/2023	\$957.00	Task Force Meeting
National Association of Boards of Pharmacy	1600 Feehanville Dr, Mt Prospect, IL 60056	10/02/2023	\$978.00	Executive Officer Meeting
Accreditation Council for Pharmacy Education	190 S. LaSalle Street, Suite 3000 , Chicago, IL 60603	01/25/2023	\$1,541.00	Board Meeting
Accreditation Council for Pharmacy Education	190 S. LaSalle Street, Suite 3000, Chicago, IL 60603	06/14/2023	\$1,929.65	Board Meeting
National Association of Boards of Pharmacy	1600 Feehanville Dr, Mt Prospect, IL 60056	05/10/2023	\$1,625.00	Annual Meeting

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.

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.

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.

John C. Kirtley, Signature on File

Signature

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 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.