

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 KNIGHT CHARLES D
(Last) (First) (Middle)
Address 2801 Harmony Ct. SHERWOOD, AR. 72120
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 870-556-0251
Spouse's name KNIGHT Melancee K
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Charles, Danny or Melancee

SECTION 2- REASON FOR FILING

- Public Official _____ (office held) **Arkansas Secretary of State**
- Candidate _____ (office sought) **JAN 29 2024**
- District Judge _____ (name of district) **FILED**
- 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 TRUSTEE Ar. Teacher Retirement (name of board/commission) **FILED**
- School Board member _____ (name of school district) **JAN 29 2024**
- Candidate for school board _____ (name of school district)
- Public or Charter School Superintendent _____ (name of school district/school) **Arkansas Secretary of State**
- 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
ATRS Dr. Teescha Retirement System
(name of employer or source of income)
1400 West Third Little Rock, Ar.
(address)
Charles D. / Melanee R. Knight
(name under which income received)

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

b) Check appropriate box: More than \$1,000 More than \$12,500
Social Security Am.
(name of employer or source of income)
601 EAST 12th KANSAS City 64106
(address)
Charles D. / Melanee R. Knight
(name under which income received)

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

c) Check appropriate box: More than \$1,000 More than \$12,500
Merrill Lynch Account # 563-21518-56310767-563-30932
(name of employer or source of income)
2200 N Redney Parkman RD STE300 J.R. Ar. 72212
(address)
Charles D. / Melanee R. Knight
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Investments
With The Gibbs/MARQUEZ GROUP.

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a) Check appropriate box: More than \$1,000 More than \$12,500
Prine Bluff, Lee County, & Earl Schools
 (name of employer or source of income)

 (address)
Charles D. Kungol
 (name under which income received)

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

b) 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 _____

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 _____

d) 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 _____

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

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
Lincoln Benefit Life Contract # LBF 1268583
(name of corporation, firm or enterprise)
P.O. Box 758520 Topeka, Kansas 66675-4347
(address)
Charles D. Kuyler
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Lincoln Benefit Life - contract # LBF 1212521
(name of corporation, firm or enterprise)
P.O. Box 758520 Topeka, Kansas 66675-4347
(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

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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) NONE

(name of business, corporation, firm, or enterprise)

(address)

(office or directorship held)

(name of office holder)

b) NONE

(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) NONE

(name of creditor)

(address of creditor)

b) NONE

(name of creditor)

(address of creditor)

c) NONE

(name of creditor)

(address of creditor)

SECTION 7- 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) NONE

(name)

(address)

b) NONE

(name)

(address)

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SECTION 11- 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) None

(name of business)

(governmental body which regulates or controls)
- b) None

(name of business)

(governmental body which regulates or controls)
- c) None

(name of business)

(governmental body which regulates or controls)
- d) None

(name of business)

(governmental body which regulates or controls)

SECTION 12- 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) None

(goods or services)

(governmental body to whom sold)

(compensation paid)
- b) None

(goods or services)

(governmental body to whom sold)

(compensation paid)
- c) None

(goods or services)

(governmental body to whom sold)

(compensation paid)
- d) None

(goods or services)

(governmental body to whom sold)

(compensation paid)

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SECTION 13- SIGNATURE

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

Charles D. Kuyper

Signature

STATE OF ARKANSAS

COUNTY OF Hot Spring ss

Subscribed and sworn before me this 29th day of January, 2024

Jaman D. Dyer

Notary Public

(Legible Notary Seal)

My commission expires: 10-21-2024

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.
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.
Municipal judges and city attorneys file with the city clerk of the municipality in which they serve.
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.
- * 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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