

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 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 Gossage Ronnie Stephen
(Last) (First) (Middle)
Address 3211 Jordan Crossing Alma Ar 72921
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 479-461-2800

Spouse's name Gossage Ninette B
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Ron or Ronnie Gossage Ninette B. or Julia Ninette Gossage

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 State Parks, Recreation and Travel 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)

FILED

JAN 24 2024

Arkansas
Secretary of State

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 _____

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 investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at reporting period.

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

Edward Jones _____
(name of corporation, firm or enterprise)

105 North Plaza Ct. Van Buren, Ar., 72956 _____
(address)

Ronnie Gossage _____
(name under which investment held)

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

Edward Jones _____
(name of corporation, firm or enterprise)

105 North Plaza Ct. Van Buren, Ar., 72956 _____
(address)

Ninette Gossage _____
(name under which investment held)

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

(name of corporation, firm or enterprise)

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)

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 regulatory agency of this State, or of any of its political subdivisions.

Western Arkansas Mountain Frontier Regional Tourism Assoc. _____

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

Fort Smith, Ar. _____

(address)

Board Member Crawford County _____

(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 outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business to a financial institution or a person who regularly and customarily extends credit.)

(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 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)

N/A

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 guaranteed and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

a)

(name)

(address)

b)

(name)

(address)

N/A

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 property, interest, 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 donor reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within 12 months from the date the item was received.)

a)

(description of gift)

(date)

(fair market value)

(source of gift)

N/A

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 I School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a lifelong learning center, or a community college, the law requires you to disclose each monetary or other award over dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed 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)

N/A

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 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)

_____ (nature of expenditure)

N/A

b) _____
 (name of person or organization paying expense)

_____ (business address)

_____ \$ _____
 (date of expense) (amount)

_____ (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 y

a) _____
 (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 goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000 compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, shareholder owning more than 10% of the stock of the company.

a) _____
(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.

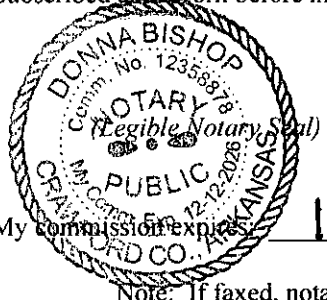
Ronnie Messer
Signature

STATE OF ARKANSAS

COUNTY OF Crawford } ss

Subscribed and sworn before me this 22nd day of January, 2024

Donna Bishop
Notary Public



My commission expires 12-12-26

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must be within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).