

# 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 \_\_\_\_\_  
(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 Lawrence Candice Leigh  
(Last) (First) (Middle)  
Address 1116 Spring Valley Rd. Cabot, AR 72023  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501-650-0038

Spouse's name Lawrence Jeremy Allen  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Everlong Investments, LLC

## 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 Workforce Development Board  
(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**  
MAY 06 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

Arkansas State Chamber of Commerce  
(name of employer or source of income)  
1200 W. Capitol Ave. Little Rock, AR 72202  
(address)  
Candice Lawrence  
(name under which income received)

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

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

Orr Toyota of Searcy  
(name of employer or source of income)  
1745 Janet Dr. Searcy, AR 72143  
(address)  
Jeremy Lawrence  
(name under which income received)

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

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  
Coinbase  
(name of corporation, firm or enterprise)  
82 Nassau St #60178 New York, NY 10038  
(address)  
Jeremy and Candice Lawrence  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Mutual of America  
(name of corporation, firm or enterprise)  
320 Park Ave., New York, NY 10022-6839  
(address)  
Jeremy Lawrence  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Westrock Coffee  
(name of corporation, firm or enterprise)  
100 River Bluff Dr. Suite 210 Little Rock, AR 72202  
(address)  
Candice and Jeremy Lawrence  
(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)

**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) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(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 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) N/A \_\_\_\_\_  
(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) N/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)

**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) N/A  
\_\_\_\_\_  
(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) N/A  
\_\_\_\_\_  
(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) N/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 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) N/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 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) N/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**

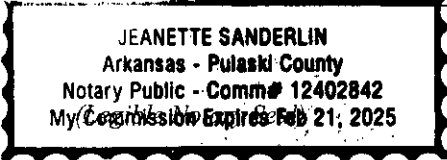
I certify under penalty of false swearing that the above information is true and correct.

*Candice Lawrence*  
*Jeanette Sanderlin*  
\_\_\_\_\_  
Signature

STATE OF ARKANSAS

COUNTY OF Pulaski } ss

Subscribed and sworn before me this 29<sup>th</sup> day of January, 2024.



*Jeanette Sanderlin*  
\_\_\_\_\_  
Notary Public

My commission expires: Feb. 21, 2025

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 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.





**Chad Brown**  
EXECUTIVE DIRECTOR

**Tom Anderson**  
CHAIRMAN

**Karen Breashears**  
VICE CHAIRMAN

## By-Laws Acknowledgement Form

I, Candice Lawrence, have received and read a copy of the Arkansas Workforce Development Board's (AWDB) By-laws which outlines policies and statutes as well as my responsibilities as a member.

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the By-laws provided to me by Board staff.

Candice Lawrence  
(AWDB Member Signature)

1/29/2024  
(Date)

Arkansas Workforce Development Board  
P.O. Box 2981 · Little Rock, AR 72203  
dws.arkansas.gov

*Equal opportunity employer/ program. Auxiliary aids and services are available upon request to individuals with disabilities.*

**PERSONAL**

**NAME:**

First:  M.I.:  Last:  Social Security No.:

**BOARD MEMBER CONTACT INFORMATION**

**CURRENT PHYSICAL ADDRESS (For Fed-Ex Delivery)**

Street Address (No P.O. Box):  City:  State:  Zip Code:

**MAILING ADDRESS**

Street Address or P.O. Box:  City:  State:  Zip Code:

**TELEPHONE NUMBERS**

Home Telephone No.:  Work Telephone No.:  Cell Telephone No.:  Email Address:

**ALTERNATE CONTACT INFORMATION (For Board Meeting Notifications Only)**

First:  Last:  Email Address:   
Work Telephone No.:  Cell Telephone No.:

**ACCOMMODATIONS NEEDED**

Yes  No

If yes, Type Accommodations Needed:

**PERSONAL DATA INFORMATION**

**PLACE OF BIRTH**

Date of Birth (mm/dd/yyyy):  City:  County:  State:

**EDUCATION**

Grade (Highest Grade Completed):  College (Semester Hours):  Major:  Minor:   
Graduated or GED?  Yes  No Degree:  Other Degree:

**ETHNIC BACKGROUND:**

Caucasian  African American  Hispanic  American Indian or Alaskan Native  Asian or Pacific Islander

**GENDER:**  Female  Male

**VETERAN STATUS:**  Yes  No If yes, select type of status:

**MARITAL STATUS:**  Single  Married  Widowed  Divorced  Separated

**SPOUSE'S INFORMATION:**

Name of Spouse:

Cell Telephone No.:  Business Telephone No.:  Home Telephone No.:

Date:  Board Member/Employee Signature:



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) <b>Lawrence</b>		First Name (Given Name) <b>Candice</b>		Middle Initial (if any) <b>L</b>	Other Last Names Used (if any)				
Address (Street Number and Name) <b>1116 Spring Valley Rd</b>			Apt. Number (if any)	City or Town <b>Cabot</b>	State <b>AR</b>	ZIP Code <b>72023</b>			
Date of Birth (mm/dd/yyyy) <b>09/30/1978</b>	U.S. Social Security Number <b>[REDACTED]</b>	Employee's Email Address <b>clawrence@arkansasstatechamber.com</b>			Employee's Telephone Number <b>501-650-0038</b>				
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):								
	<input checked="" type="checkbox"/> 1. A citizen of the United States								
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)								
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)								
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)									
If you check Item Number 4., enter one of these:									
USCIS A-Number		OR		Form I-94 Admission Number		OR		Foreign Passport Number and Country of Issuance	
Signature of Employee <i>Candice Lawrence</i>					Today's Date (mm/dd/yyyy) <b>1/29/24</b>				

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)	<b>Additional Information</b>			
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Candice Lawrence</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>1116 Spring Valley Rd.</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Cabot, AR 72023</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> - <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> - <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div>										
or										
<b>Employer identification number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>										

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <b>Candice Lawrence</b>	Date ▶	<b>1/29/24</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



DEPARTMENT OF FINANCE AND ADMINISTRATION  
**Office of Personnel Management**  
**Mandatory Direct Deposit Notification**  
 (To be signed by all new hires, and rehires after August 12, 2005)

In accordance with Act 1887 of 2005, as a condition of employment, a person hired or appointed to a position in any agency in State government on or after August 12, 2005 shall be required to accept payment of salary or wages by electronic warrants transfer (ACH). The ACH payment shall be in the form of a direct deposit.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the law and enroll and remain enrolled in direct deposit or request an exemption from these requirements.

The Chief Fiscal Officer of the State has the authority to grant exemptions to the direct deposit requirement due to hardship or any other reasonable basis.

Candice Leigh Lawrence

Applicant's Name (Please print)

Candice Lawrence

Applicant's Signature

1/29/24

Date

AR Division of Workforce Services

Agency Name

Hiring Supervisor

Advertised Position #

Arkansas workforce

Advertised Position Title

Development Board Member



## Board Member Declination of Stipend

I understand that according to A.C.A. §15-4-3704 (h)(1) and (2), which states:

“By a majority vote of the total membership of the Arkansas Workforce Development Board cast during its first regularly scheduled meeting of each calendar year, the Arkansas Workforce Development Board may authorize payment to the appointed members of a stipend not to exceed one hundred ten dollars (\$110) per meeting attended of the full Arkansas Workforce Development Board or its committees, and the Arkansas Workforce Development Board members shall receive no other compensation, expense reimbursement, or in-lieu-of payments except as provided by A.C.A. §25-16-902.” and “The stipend shall be paid from Workforce Innovation and Opportunity Act funding awarded to the state and authorized for Arkansas Workforce Development Board activities”.

According to the language above, I am entitled to receive a stipend payment for attending full meetings of the Arkansas Workforce Development Board or its committees.

- I decline a stipend payment for attending meetings of the Arkansas Workforce Development Board.
- I choose to accept the stipend payment that I am eligible to receive for calendar year \_\_\_\_\_.

Printed Name: <i>Candice Lawrence</i>	Signature: <i>Candice Lawrence</i>	Date: <i>11/29/24</i>
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