

# 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 SHARP KELLEY DALE  
(Last) (First) (Middle)  
Address 284 GREENFIELD AVE. FARMINGTON AR 72730  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 479.790.4623  
Spouse's name SHARP LISA ANN  
(Last) (First) (Middle)

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

N/A

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_ (office held) **FILED**
- Candidate \_\_\_\_\_ (office sought) **JAN 31 2024**
- District Judge \_\_\_\_\_ (name of district) **Arkansas**
- City Attorney \_\_\_\_\_ (name of city) **Secretary of State**
- 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 PLUMBING APPRENTICESHIP  
(name of board/commission) COMMITTEE
- 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)

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(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 479.790.41623  
Spouse's name SHARP LISA ANN  
(Last) (First) (Middle)

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

N/A

## 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 REHABILITATION COUNCIL  
(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)
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(Last) (First) (Middle)  
 Address 284 GREENFIELD AVE. FARMINGTON AR 72730  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
 Phone 479.790.41623  
 Spouse's name SHARP LISA ANN  
(Last) (First) (Middle)  
 All names under which you and/or your spouse do business: N/A

**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 APPRENTICESHIP COORDINATION  
(name of board/commission)
- School Board member \_\_\_\_\_  
(name of school district) STEERING COMMITTEE
- 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)
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(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 479.790.41623  
Spouse's name SHARP LISA ANN  
(Last) (First) (Middle)

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

NA

## 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  
(name of board/commission) BOARD
- 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)
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(name of research park authority board)

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(Last) (First) (Middle)  
Address 284 GREENFIELD AVE. FARMINGTON AR 72730  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 479.790.41623  
Spouse's name SHARP LISA ANN  
(Last) (First) (Middle)

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

## 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 NORTHWEST ARKANSAS WORKFORCE 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)

**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 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.

- a) Check appropriate box:  More than \$1,000  More than \$12,500
- UofA Facilities Management  
(name of employer or source of income)  
521 Raybark Road, Fayetteville, AR 72701  
(address)  
Kelley D. Sharp  
(name under which income received)

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

- b) Check appropriate box:  More than \$1,000  More than \$12,500
- NWA Plumbing School - NATF  
(name of employer or source of income)  
95 Southwinds Road, Farmington, AR 72730  
(address)  
Kelley D. Sharp  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received NWA PS Program Director

- c) Check appropriate box:  More than \$1,000  More than \$12,500
- Farmington School District  
(name of employer or source of income)  
42 South Double Springs Road, Farmington, AR 72730  
(address)  
Lisa A. Sharp  
(name under which income received)

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

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 § 21-8-304. 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  
TIAA-CREF Financial Services  
(name of corporation, firm or enterprise)  
7850 Lake Vista Drive, Suite 110, Lewisville, TX 75067  
(address)  
Kelley D. Sharp  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Arvest Bank  
(name of corporation, firm or enterprise)  
110 East Main Street, Farmington, AR 72730  
(address)  
Kelley D. and Lisa A. Sharp  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
UARK Federal Credit Union  
(name of corporation, firm or enterprise)  
50 West Van Asche Drive, Fayetteville, AR 72730  
(address)  
Kelley D. and Lisa A. Sharp  
(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) NWA Plumbing School  
(name of business, corporation, firm, or enterprise)  
95 Southwind Road, Farmington, AR 72730  
(address)  
Program Director  
(office or directorship held)  
Kelley D. Sharp  
(name of office holder)

b) Arkansas Apprenticeship Coalition  
(name of business, corporation, firm, or enterprise)  
P.O. Box 537, Arkadelphia, AR 71923  
(address)  
Secretary - Treasurer  
(office or directorship held)  
Kelley D. Sharp  
(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) NA  
(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) NA  
(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)

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. § 21-9-401 through § 21-9-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

**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) \_\_\_\_\_ (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) \_\_\_\_\_ (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)

The law provides for a maximum penalty of \$1,000 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. § 21-8-501 through § 21-8-504. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

**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) NA (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) NA (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)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(date of expense) \$ \_\_\_\_\_ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

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**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) NA (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) NA (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)

The law provides for a maximum penalty of \$1,000 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. § 21-3-101 through § 21-3-802. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission

