

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
 Cole Jester, Secretary of State  
 500 Woodlane Street  
 Little Rock, AR 72201  
 Phone (501) 682-5070  
 Fax (501) 682-3408

Calendar year covered 2025  
 (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 <u>Dawson</u>	<u>Amanda</u>	<u>Michelle</u>
Address <u>2740 Rock Ridge Drive</u>	<u>Sherwood</u>	<u>AR</u>
(Last)	(First)	(Middle)
(Street or P.O. Box Number)	(City)	(State)
Phone <u>501-425-8093</u>		<u>72120</u>
		(Zip Code)
Spouse's name <u>Dawson</u>	<u>Douglas</u>	<u>Michael</u>
(Last)	(First)	(Middle)
All names under which you and/or your spouse do business: <u>Amanda Dawson, Amanda M Dawson, Amanda Michelle Dawson, Douglas Dawson, Doug Dawson, Douglas Michael Dawson</u>		

**SECTION 2- REASON FOR FILING**

<input type="checkbox"/>	Public Official _____	(office held)
<input type="checkbox"/>	Candidate _____	(office sought)
<input type="checkbox"/>	District Judge _____	(name of district)
<input type="checkbox"/>	City Attorney _____	(name of city)
<input type="checkbox"/>	State Government: Agency Head/Department Director/Division Director _____	(name of agency/department/division)
<input type="checkbox"/>	Chief of Staff or Chief Deputy _____	(name of Constitutional Officer, Senate, or House of Representatives)
<input checked="" type="checkbox"/>	Public appointee to State Board or Commission <u>Arkansas Dietetics Licensing Board</u>	(name of board/commission)
<input type="checkbox"/>	School Board member _____	(name of school district)
<input type="checkbox"/>	Candidate for school board _____	(name of school district)
<input type="checkbox"/>	Public or Charter School Superintendent _____	(name of school district/school)
<input type="checkbox"/>	Executive Director of Education Service Cooperative _____	(name of cooperative)
<input type="checkbox"/>	Advertising and Promotion Commission member _____	(name of advertising and promotion commission)
<input type="checkbox"/>	Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____	(name of research park authority board)

FILED  
 JAN 10 2026

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

University of Arkansas for Medical Sciences \_\_\_\_\_  
(name of employer or source of income)

4301 W Markham \_\_\_\_\_  
(address)

\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Employment as Clinical Dietitian

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

Safe Foods Cooperation \_\_\_\_\_  
(name of employer or source of income)

1501 E 8th Street, North Little Rock \_\_\_\_\_  
(address)

Douglas Dawson \_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Spouse Income- Employment as Engineer

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

Under Armour

(name of corporation, firm or enterprise)

1020 Hull Street, Baltimore, Maryland 21230

(address)

Douglas Dawson

(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)

610 West 3rd St Suite 300, Little Rock, AR 72201

(address)

Douglas M Dawson, Amanda M Dawson

(name under which investment held)

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

Arvest Bank

(name of corporation, firm or enterprise)

125 W Central Ave, Bentonville, AR 72712

(address)

Amanda M Dawson, Douglas M Dawson

(name under which investment held)

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

Bank of America AN Charlotte NC

(name of corporation, firm or enterprise)

Charlotte, NC

(address)

Amanda M Dawson

(name under which investment held)

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

Goldman Sachs Bank BK USA, NY

(name of corporation, firm or enterprise)

200 W St New York, NY 10282

(address)

Amanda M Dawson

(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 10- AWARDS**

If you are an employee of a public school district, the Arkansas School for the Deaf and Blind, 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) <sup>NA</sup> \_\_\_\_\_  
(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) <sup>NA</sup> \_\_\_\_\_  
(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) 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) NA  
\_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- c) NA  
\_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- d) NA  
\_\_\_\_\_  
(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.

*Amenda Dawson*

Signature

STATE OF ARKANSAS

COUNTY OF Pulaski ) ss

Subscribed and sworn before me this 10 day of January, 20 26.



*Leah M. Hamner*

Notary Public

My commission expires: 1-7-32

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.
- Executive directors of education service cooperatives file with the county clerk.

**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.