

# 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 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	<u>Reese</u>	<u>Nancy</u>	<u>Berryman</u>
	(Last)	(First)	(Middle)
Address	<u>3335 Chimney Rock</u>	<u>Conway</u>	<u>AR</u>
	(Street or P.O. Box Number)	(City)	(State)
Phone	<u>501-269-1282</u>		<u>72034</u>
			(Zip Code)
Spouse's name	<u>Reese</u>	<u>David</u>	<u>Mark</u>
	(Last)	(First)	(Middle)
All names under which you and/or your spouse do business:	<u>Nancy Berryman Reese Consulting; Leisure Billing</u>		

## 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 \_\_\_\_\_  
(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 12 2024  
Arkansas  
Secretary of State

Univ of Central Arkansas; College of Health and Behavioral Sciences; Dept. of Nutrition and Family Sciences

**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 Central Arkansas  
\_\_\_\_\_  
(name of employer or source of income)  
201 S. Donaghey; Conway, Arkansas; 72035  
\_\_\_\_\_  
(address)  
Nancy Berryman Reese  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Dean, College of Health and Behavioral Sciences; and Interim Chair, Department of Nutrition and Family Sciences.

- b) Check appropriate box:       More than \$1,000       More than \$12,500
- Elsevier, Inc.  
\_\_\_\_\_  
(name of employer or source of income)  
3251 Riverport Lane; Maryland Heights, MO  
\_\_\_\_\_  
(address)  
Nancy B. Reese  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Book Royalties

- c) Check appropriate box:       More than \$1,000       More than \$12,500
- Nancy Berryman Reese Consulting  
\_\_\_\_\_  
(name of employer or source of income)  
3335 Chimney Rock; Conway, AR; 72034  
\_\_\_\_\_  
(address)  
Nancy Berryman Reese  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Educational Consulting

**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.

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

Leisure Billing  
(name of employer or source of income)

3335 Chimney Rock; Conway, AR; 72034  
(address)

David M. Reese  
(name under which income received)

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

Sale of business

**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  
Nancy Berryman Reese Consulting  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
3335 Chimney Rock; Conway, AR; 72034  
\_\_\_\_\_  
(address)  
Nancy Berryman Reese  
\_\_\_\_\_  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Leisure Billing  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
3335 Chimney Rock; Conway, AR; 72034  
\_\_\_\_\_  
(address)  
David M. Reese  
\_\_\_\_\_  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
TIAA-CREF  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
730 3rd Avenue; New York, NY; 10017  
\_\_\_\_\_  
(address)  
Nancy Reese  
\_\_\_\_\_  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Discover Bank  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 30416; Salt Lake City, Utah; 84130  
\_\_\_\_\_  
(address)  
Nancy B. Reese; David M. Reese  
\_\_\_\_\_  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
Bank of the Ozarks  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
545 Salem Road; Conway, AR; 72034  
\_\_\_\_\_  
(address)  
David M. Reese; Nancy B. Reese  
\_\_\_\_\_  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Ameriprise Financial Services  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
70400 Ameriprise Financial Center; Minneapolis, MN; 55474  
\_\_\_\_\_  
(address)  
David M. Reese; Nancy B. Reese  
\_\_\_\_\_  
(name under which investment held)

**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.

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

Allianz  
(name of corporation, firm or enterprise)

9950 Mayland Drive; Richmond, VA 23233  
(address)

David M. Reese; Nancy B.Reese  
(name under which investment held)

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

Centennial Bank  
(name of corporation, firm or enterprise)

650 Chestnut St; Conway, AR; 72032 (address)

Nancy B. Reese; David M. Reese (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) Leisure Billing  
 \_\_\_\_\_  
 (name of business, corporation, firm, or enterprise)  
3335 Chimney Rock; Conway, AR; 72034  
 \_\_\_\_\_  
 (address)  
President  
 \_\_\_\_\_  
 (office or directorship held)  
David M. Reese  
 \_\_\_\_\_  
 (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.)

N/A

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.

N/A

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.

N/A

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.

N/A

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)

