

# STATEMENT OF FINANCIAL INTEREST

**COLE TERM**

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 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>CLEMMEN</u> (Last)	<u>JAMIE</u> (First)	<u>DARREL</u> (Middle)
Address	<u>7415 CAMILLE DR.</u> (Street or P.O. Box Number)	<u>BENTON</u> (City)	<u>AR</u> (State)
Phone	<u>(501) 681-5639</u>		<u>72019</u> (Zip Code)
Spouse's name	<u>CLEMMEN</u> (Last)	<u>ANN</u> (First)	<u>WASMAN</u> (Middle)

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

## 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 BOARD OF ELECTION COMMISSIONERS  
(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 06 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 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

CAPITOL CONSULTING FIRM

(name of employer or source of income)

1401 W. CAPITOL, SUITE 100, LITTLE ROCK, AR. 72201

(address)

ANN CLEMMER

(name under which income received)

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

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

DENNETT FLYING SERVICE

(name of employer or source of income)

2055 W. CO. RD. 1020 JOINER, AR. 72350

(address)

ANN CLEMMER

(name under which income received)

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

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

SENETER FARMS / ENTERPRISES

(name of employer or source of income)

3875 W. CO. RD. 780 OSCEOLA, AR. 72370

(address)

ANN CLEMMER

(name under which income received)

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

**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 CONT.**

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

DEFENSE ACCOUNTING AND FINANCE SERVICE  
 (name of employer or source of income)  
8899 E. 56TH ST. INDIANAPOLIS, IN. 46249  
 (address)  
JAMIE D. CLEMMER  
 (name under which income received)

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

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

VETERANS ADMINISTRATION  
 (name of employer or source of income)  
2200 FT. ROOTS DRIVE, BLDG 65, NORTH LITTLE ROCK, AR. 72114  
 (address)  
JAMIE D. CLEMMER  
 (name under which income received)

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

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

SOCIAL SECURITY ADMINISTRATION  
 (name of employer or source of income)  
1100 W. HIGH RISE 6401 SECURITY BLVD. BALTIMORE, MD, 21235  
 (address)  
JAMIE D. CLEMMER  
 (name under which income received)

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

**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 CONT.**

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

FIDELITY INVESTMENTS  
P.O. Box 770001 (name of employer or source of income)  
CINCINNATI, OH 45277  
JAMIE D. CLEMMER (address)  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received AT&T RETIREMENT

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

ARKANSAS PUBLIC EMPLOYEES RETIREMENT  
124 W. CAPITOL AVE, #400 (name of employer or source of income)  
LITTLE ROCK, AR. 72201  
ANN CLEMMER (address)  
(name under which income received)

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

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  
CAPITOL CONSULTING FIRM  
1401 W. CAPITOL, SUITE 100, LITTLE ROCK, AR. 72201  
ANN CLEMMER  
(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
ARVEST BANK  
P.O. BOX 799, LOWELL, AR. 72745  
ANN + JAMIE CLEMMER  
(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
BANK OZEK  
P.O. BOX 196, OZARK, AR. 72949  
ANN + JAMIE CLEMMER  
(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
EMPLOYEE FIDUCIARY  
250 STATE STREET, MOBILE, AL. 36603  
ANN CLEMMER  
(name of corporation, firm or enterprise)  
(address)  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
HEXION INC.  
900 SALOM STREET, SMITHFIELD, RI 02917  
ANN CLEMMER  
(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 10- AWARDS** *N/A*

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

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** *N/A*

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

- 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** *N/A*

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

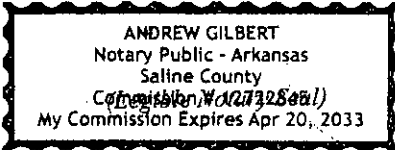
I certify under penalty of false swearing that the above information is true and correct

Jan D A  
Signature

STATE OF ARKANSAS

COUNTY OF Saline } ss

Subscribed and sworn before me this 2 day of January, 2026



[Signature]  
Notary Public

My commission expires: 4-20-33

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.