

# 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) 682-3548

Calendar year covered 2024  
(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 Gatto Susan L  
(Last) (First) (Middle)  
Address 112 Rooster Rd Conway AR 72032  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone \_\_\_\_\_  
Spouse's name Gatto Ronald J  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: \_\_\_\_\_

**FILED**

JAN 23 2025

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_ (office held) **Arkansas Secretary of State**
- Candidate \_\_\_\_\_ (office sought)
- District Judge \_\_\_\_\_ (name of district)
- City Attorney \_\_\_\_\_ (name of city) University of Central Arkansas
- State Government: Agency Head/Department Director/Division Director School of Nursing  
(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)

**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 \_\_\_\_\_

N/A

**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 Donaghey Ave Conway, AR 72035  
(address)  
Susan L. Gatto  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Full-time employment as a faculty member and administrator (School of Nursing Director)

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

Catholic Financial Life  
(name of employer or source of income)  
1100 West Wells Street Milwaukee, WI 53233-2314  
(address)  
Ronald J. Gatto  
(name under which income received)

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

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

EquiTrust Insurance  
(name of employer or source of income)  
1100 Westtown Pkwy Suite 200 West Des Moines, IA 50266  
(address)  
Ronald J. Gatto  
(name under which income received)

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

**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  
(name of corporation, firm or enterprise)  
730 Third Ave New York, NY 10017-3204  
(address)  
Susan L. Gatto  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Catholic Financial Life  
(name of corporation, firm or enterprise)  
1100 West Wells Street Milwaukee, WI 53233-2316  
(address)  
Susan L. Gatto and Ronald J. Gatto  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
EquiTrust  
(name of corporation, firm or enterprise)  
7100 Westtown Pkwy Suite 200 West Des Moines IA 50266  
(address)  
Ronald J. Gatto  
(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  
NA  
(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 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)

N/A

**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)	

N/A



**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) University of Central Arkansas  
(name of business)  
State of Arkansas  
(governmental body which regulates or controls)

b) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)

c) \_\_\_\_\_  
(name of business)  
N/A  
(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) \_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)

b) \_\_\_\_\_  
(goods or services)  
N/A  
(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)

