

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 DeClerk Leonie Clare
(Last) (First) (Middle)
Address 5121 Madison Ave Jacksonville Arkansas 72076
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-912-5798
Spouse's name DeClerk Kevin Keith
(Last) (First) (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 Full Independent Practice Credentialing Committee
(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 27 2024

**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)

3501 W. Markham, Little Rock, AR 72205

(address)

Leonie DeClerk

(name under which income received)

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

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

CEA USA Inc.

(name of employer or source of income)

4908 Tampa West Blvd, Tampa, FL, 33634

(address)

Kevin DeClerk

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Flight simulator technician at LRAFB

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

Defense Finance & Accounting Service, US Military Retired Pay

(name of employer or source of income)

8899 E. 56th Street, Indianapolis, IN 46249-1200

(address)

Kevin DeClerk

(name under which income received)

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

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
First Arkansas Bank & Trust

(name of corporation, firm or enterprise)
600 W Main St, Jacksonville, AR 72076

(address)
Leonie DeClerk & Kevin DeClerk

(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Arkansas Federal Credit Union

(name of corporation, firm or enterprise)
2424 Marshall Rd, Jacksonville, AR 72076

(address)
Leonie DeClerk & Kevin DeClerk

(name under which investment held)

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

(name of corporation, firm or enterprise)
8718 Hwy 107, Sherwood, AR 721220

(address)
Kevin & Leonie DeClerk

(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
TIAA CREF (UAMS Retirement Account)

(name of corporation, firm or enterprise)
PO Box 1259, Charlotte, NC 28291

(address)
Leonie DeClerk

(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
Fidelity Brokerage Services (UAMS Retirement Account)

(name of corporation, firm or enterprise)
900 Salem Street, Smithfield RI 02917

(address)
Leonie DeClerk

(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
First Command Financial Services (IRAs)

(name of corporation, firm or enterprise)
PO Box 2387, Fort Worth, TX 76113-2387

(address)
Leonie DeClerk & Kevin DeClerk

(name under which investment held)

SECTION 4- BUSINESS OR HOLDINGS (continued)

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
Vanguard

(name of corporation, firm or enterprise)
PO Box 982902, El Paso, TX 79998

(address)
Kevin DeClerk

(name under which investment held)

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

(name of corporation, firm or enterprise)
320 Park Avenue, New York, NY 10022

(address)
Leonie DeClerk

(name under which investment held)

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

(name of corporation, firm or enterprise)

(address)

(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)

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) _____
(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) _____
(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

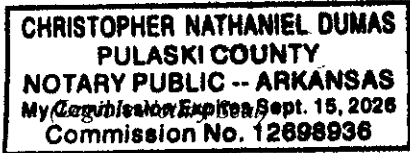
I certify under penalty of false swearing that the above information is true and correct.

Kymie Clare DeClark
Signature

STATE OF ARKANSAS

COUNTY OF PULASKI } ss

Subscribed and sworn before me this 23RD day of JANUARY, 20 24.



[Signature]
Notary Public

My commission expires: SEPT. 15, 2026

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.