

Secretary of State  
Charlie Daniels

Filing for year \_\_\_\_\_

Election Division  
State Capitol, Rm 026  
Little Rock, AR 72201  
501/682/5070

Extra Income Statement  
Of  
State Employees

1. Name of Employee: \_\_\_\_\_

2. Name and address of agency where employed:

\_\_\_\_\_  
(Name of Agency)

\_\_\_\_\_  
(Street, PO Box, Rural Route)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

3. Source and amount of income in excess of \$500.00:

(a) \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of Public Agency) (Amount in Excess of \$500 Only)

(b) \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of Public Agency) (Amount in Excess of \$500 Only)

(c) \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of Public Agency) (Amount in Excess of \$500 Only)

**NOTE:** Extra Income statements must be filed by January 31 of each year. Persons employed by institutions of higher learning must file with the President of that institution.

- Verification -

I do solemnly swear that the foregoing Extra Income Statement filed herewith is in all things true and correct, and fully shows all the information required to be reported by me.

\_\_\_\_\_  
Signature of State Employee

State of Arkansas  
County of \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_