

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: _____