



April 4, 2014

**VIA HAND DELIVERY**

Arkansas Judicial Discipline & Disability Commission  
Tower Building – Suite # 1060  
323 Center Street  
Little Rock, AR 72201

RE: Complaint against Judge Mike Maggio; Case No. 14-251

Dear Commission:

On March 13, 2014, my clients submitted a complaint to the Commission concerning Judge Mike Maggio. Five days later my clients submitted a complaint with the Arkansas Ethics Commission regarding various political action committees, their registered agent, their contributors, and their primary beneficiary, Judge Mike Maggio. Specifically, the complaint to the Ethics Commission stated:

It appears from the Democrat-Gazette article that Mr. Morton and his companies were the sole donors to six of the seven PACs and that Judge Maggio was the primary recipient of funds from the seven PACs. The article goes on to say that campaigns for judicial races cannot start soliciting money for candidates more than six months before an election. If what Mr. Morton says in the article is in fact true, it appears that judicial campaign money was being solicited long before six months prior to the election and that the money was put in PACs per the request of representatives of Judge Maggio's campaign.

By letter dated March 27, 2014, a copy of which is attached, the Director of the Ethics Commission, Graham F. Sloan, informed me that Rule 4.4(B)(2) of the Arkansas Judicial Code of Conduct provides that a judicial candidates shall direct his or her campaign committee "not to solicit or accept contributions . . . more than 180 days before the applicable election". Director Sloan indicated that this "particular provision falls under the jurisdiction of the Arkansas Judicial Discipline and Disability Commission instead of the Arkansas Ethics Commission." Accordingly, my clients ask that the

Arkansas Judicial Discipline and Disability Commission investigate any improper solicitation and/or acceptance of judicial campaign contributions by Judge Maggio and/or his campaign committee.

In addition, Judge Maggio's Statement of Financial Interest covering calendar year 2013, which was filed this year with the Arkansas Secretary of State, lists two investments or holdings valued at more than \$12,500 each. There are no such investments or holdings disclosed in the Statements of Financial Interest covering calendar years 2012, 2011, or 2010. Enclosed herewith are the Statements of Financial Interest covering calendar years 2010-2013, which are publicly available on the website of the Arkansas Secretary of State. My clients respectfully ask the Arkansas Judicial Discipline & Disability Commission to investigate the source of the two investments or holdings referenced, along with any improper solicitation and/or acceptance of money, mutual funds, annuities, sock, investments, holdings or gifts by Judge Maggio.

Please do not hesitate to contact me if you need any additional information or if I can be of assistance.

Sincerely,

LAW OFFICE OF THOMAS G. BUCHANAN



Thomas G. Buchanan

TGB: clm  
Encl.

# ARKANSAS ETHICS COMMISSION

William C. Bird III  
Chairman

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Vice Chairman

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910 West Second Street, Suite 100  
Post Office Box 1917  
Little Rock, Arkansas 72203-1917  
(501) 324-9600 Fax (501) 324-9606  
Toll Free (800) 422-7773



Graham F. Sloan  
Director

Todd Elder  
Senior Staff Attorney

Jill Rogers Barham  
Staff Attorney

Teresa Keathley  
Director of Compliance

Drew Blankenship  
Director of Compliance

March 27, 2014

Mr. Thomas G. Buchanan  
Attorney at Law  
217 West 2<sup>nd</sup> Street  
Suite 115  
Little Rock, Arkansas 72201

**COPY**

**Re: Case No. 2014-CO-015**

Dear Mr. Buchanan:

This letter serves to confirm receipt of your citizen complaint against Mike Maggio. That complaint was brought against Judge Maggio in his capacity as a candidate for the Arkansas Court of Appeals during the 2014 election cycle.

It has been determined that said complaint meets the requirements set forth in subparagraph A(3) of Section V of the Ethics Commission's Rules of Practice and Procedure. Accordingly, an investigation is being commenced.

Briefly restated, the essential allegations of your complaint are as follows:

1. In connection with the 2014 election cycle, an article published by the *Arkansas Democrat Gazette* reported that 'campaign contributions totaling \$21,000.00 were made on July 8, 2013, to seven political action committees by Michael Morton and businesses he owns'.
2. The aforementioned news article reported that, [i]n December of 2013 and January of 2014, these same seven PAC's all made contributions to Judge Mike Maggio's Court of Appeals [c]ampaign'; however, 'none of the PAC's had been registered with the [S]tate of Arkansas at the time of the contributions'.



The Ethics Commission's investigation will focus on whether or not, in connection with Judge Maggio's campaign for the Arkansas Court of Appeals during the 2014 election cycle, he violated (i) Ark. Code Ann. § 7-6-203(a) by accepting campaign contributions in excess of two thousand dollars (\$2,000) per election from any person, and/or (ii) Ark. Code Ann. § 7-6-203(e) by accepting a campaign contribution from a prohibited political action committee.

The first statute, Ark. Code Ann. § 7-6-203(a), provides, in pertinent part, that "[i]t shall be unlawful for any candidate for any public office...or for any person acting on the candidate's behalf to accept campaign contributions in excess of two thousand dollars (\$2,000) per election from any person."

The second statute, Ark. Code Ann. § 7-6-203(e), provides, in pertinent part, that "[i]t shall be unlawful for any candidate for any public office or any person acting in the candidate's behalf to accept any contribution from a prohibited political action committee for any election."

It is noted that the term "prohibited political action committee" is defined in Ark. Code Ann. § 7-6-201(15), in pertinent part, as follows:

- (A) 'Prohibited political action committee' means any person that receives contributions from one (1) or more persons in order to make contributions to candidates...but that does not meet the requirements of an approved political action committee.
- (B) 'Prohibited political action committee' shall not include: (i) A political party that meets the definition of a political party under § 7-1-101 or a political party that meets the requirements of § 7-7-205; (ii) The candidate's own campaign committee; (iii) A county political party committee; (iv) An exploratory committee; or (v) A ballot or legislative question committee[.]

In addition, the term "approved political action committee" is defined in Ark. Code Ann. § 7-6-201(1), in pertinent part, as follows:

- (A) 'Approved political action committee' means any person that: (i) Receives contributions from one (1) or more persons in order to make contributions to candidates.... (ii) Does not accept any contribution or cumulative contributions in excess of five thousand dollars (\$5,000) from any person in any calendar year; and (iii) Registers pursuant to § 7-6-215 prior to making contributions.

March 27, 2014

Page 3

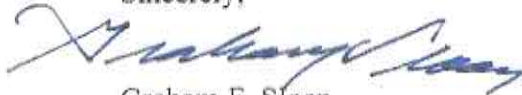
- (B) 'Approved political action committee' does not include an organized political party as defined in § 7-1-101, a county political party committee, the candidate's own campaign committee, an exploratory committee, or a ballot question committee or legislative question committee as defined in § 7-9-402[.]

It is noted that the complaint also alleges that Judge Maggio's campaign solicited campaign contributions more than six (6) months before the 2014 nonpartisan general election. It appears that particular allegation relates to Rule 4.4(B)(2) of the Arkansas Code of Judicial Conduct which provides that a judicial candidate shall direct his or her campaign committee "not to solicit or accept contributions...more than 180 days before the applicable election". That particular provision falls under the jurisdiction of the Arkansas Judicial Discipline and Disability Commission instead of the Arkansas Ethics Commission. Accordingly, it will not be made a part of the investigation in these proceedings.

In accordance with Section VI(3) of the Ethics Commission's Rules of Practice and Procedure, I am requesting that you submit any and all evidence which you may have concerning the allegations set forth on page 1 of this letter.

If you should have any questions or comments, please do not hesitate to contact us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Graham F. Sloan", is written over the printed name.

Graham F. Sloan  
Director

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:

Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

Calendar year covered 2010  
(Note: Filing covers the previous calendar year)

Is this an amendment? ☐ Yes ☐ No

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

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.

## SECTION 1- NAME AND ADDRESS

Name MAGGIO Michael A  
(Last) (First) (Middle)  
Address 801 Locust St Conway AR 72024  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501 450 4904  
Spouse's name \_\_\_\_\_  
(Last) (First) (Middle)

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

## SECTION 2- REASON FOR FILING

- ☒ Public Official Circuit Judge (office held) **FILED**  
☐ Candidate (office sought) **JAN 27 2011**  
☐ District Judge Arkansas (name of municipality) **Secretary of State**  
☐ 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 (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)  
☐ 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

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics 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

STATE OF ARKANSAS

(name of employer or source of income)

Little Rock AR

(address)

Michael A. Maggio

(name under which income received)

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

b) 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 \_\_\_\_\_

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 \_\_\_\_\_

d) 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 \_\_\_\_\_

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

#### 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  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which investment held)
- b) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(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)

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.



### **SECTION 5- OFFICE OR DIRECTORSHIP**

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

- a) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)
- b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

### **SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

- a) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- b) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- c) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

### **SECTION 7- 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)

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

## SECTION 8- 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)
f)	_____	(description of gift)
	_____	(date)
	_____	(fair market value)
	_____	(source of gift)
g)	_____	(description of gift)
	_____	(date)
	_____	(fair market value)
	_____	(source of gift)

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## SECTION 9- AWARDS

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 10- NONGOVERNMENTAL SOURCES OF PAYMENT

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)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(date of expense) \$ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.



## **SECTION 11- 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 12- SALES TO GOVERNMENTAL BODY**

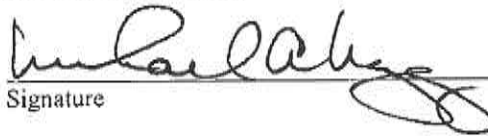
List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more 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)

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

## SECTION 13- SIGNATURE

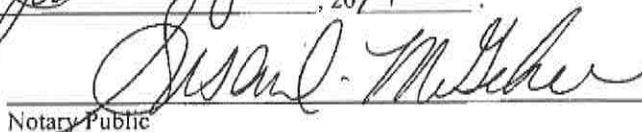
I certify under penalty of false swearing that the above information is true and correct.

  
Signature

STATE OF ARKANSAS  
COUNTY OF Faulkner ss

Subscribed and sworn before me this 25 day of January, 2011.



  
Notary Public

My commission expires: \_\_\_\_\_

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.  
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.  
Municipal judges and city attorneys file with the city clerk of the municipality in which they serve.  
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.
- \* 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.

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

Calendar year covered 2011  
(Note: Filing covers the previous calendar year)

Is this an amendment? ☐ Yes ☒ No

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

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.

## SECTION 1- NAME AND ADDRESS

Name MAGGIO Michael A  
(Last) (First) (Middle)  
Address 801 Locust Conway Arz 72034  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501 450 4904  
Spouse's name \_\_\_\_\_  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: \_\_\_\_\_

## SECTION 2- REASON FOR FILING

- ☒ Public Official Circuit Judge **FILED**  
(office held) **JAN 20 2012**  
☐ Candidate \_\_\_\_\_  
(office sought) **Arkansas**  
☐ District Judge \_\_\_\_\_  
(name of municipality) **Secretary of State**  
☐ 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 \_\_\_\_\_  
(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)  
☐ 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 \_\_\_\_\_

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics 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

STATE OF ARKANSAS

(name of employer or source of income)

LITTLE ROCK AR 72201

(address)

MICHAEL A MAGGIO

(name under which income received)

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

b) 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 \_\_\_\_\_

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 \_\_\_\_\_

d) 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 \_\_\_\_\_

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

#### 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  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which investment held)
- b) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(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)

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**SECTION 5- OFFICE OR DIRECTORSHIP**

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

- a) \_\_\_\_\_  
                                 (name of business, corporation, firm, or enterprise)  
        \_\_\_\_\_  
                                 (address)  
        \_\_\_\_\_  
                                 (office or directorship held)  
        \_\_\_\_\_  
                                 (name of office holder)
- b) \_\_\_\_\_  
                                 (name of business, corporation, firm, or enterprise)  
        \_\_\_\_\_  
                                 (address)  
        \_\_\_\_\_  
                                 (office or directorship held)  
        \_\_\_\_\_  
                                 (name of office holder)

## SECTION 6- CREDITORS

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

- a) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- b) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- c) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

**SECTION 7- 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)

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## SECTION 8- 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)	
f)		
	(description of gift)	
	(date)	(fair market value)
	(source of gift)	
g)		
	(description of gift)	
	(date)	(fair market value)
	(source of gift)	

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

## SECTION 9- AWARDS

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 10- NONGOVERNMENTAL SOURCES OF PAYMENT

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)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(date of expense) \$ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

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## **SECTION 11- 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 12- 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)

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### SECTION 13- SIGNATURE

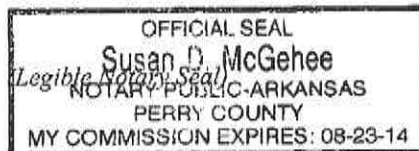
I certify under penalty of false swearing that the above information is true and correct.

Michael O'Leary  
Signature

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_ } ss

Subscribed and sworn before me this 17 day of January, 20 12.



Susan D. McGehee  
Notary Public

My commission expires: \_\_\_\_\_

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.  
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.  
Municipal judges and city attorneys file with the city clerk of the municipality in which they serve.  
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.
- \* 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.

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# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

Calendar year covered 2012  
(Note: Filing covers the previous calendar year)

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
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.

## SECTION 1- NAME AND ADDRESS

Name MAGGIO Michael A  
(Last) (First) (Middle)  
Address 801 LOCUST CONWAY AR 72034  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501 450 4904

Spouse's name \_\_\_\_\_  
(Last) (First) (Middle)

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

## SECTION 2- REASON FOR FILING

- ☒ Public Official Circuit Judge (office held)
- ☐ Candidate \_\_\_\_\_ (office sought)
- ☐ District Judge \_\_\_\_\_ (name of municipality)
- ☐ 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 \_\_\_\_\_ (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)
- ☐ 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 \_\_\_\_\_

RECEIVED  
JAN 23 2013  
Arkansas  
Secretary of State

FAX

**SECTION 5- OFFICE OR DIRECTORSHIP**

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

- a) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)
- b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

- a) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- b) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- c) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

**SECTION 7- 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)

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## SECTION 9- AWARDS

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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 10- NONGOVERNMENTAL SOURCES OF PAYMENT**

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)

\_\_\_\_\_ (address)

\_\_\_\_\_ \$ \_\_\_\_\_  
(date of expense) (amount of expense)

\_\_\_\_\_ (nature of expenditure)

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(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)

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- 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)

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**SECTION 13- SIGNATURE**

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

*[Signature]*  
Signature

STATE OF ARKANSAS

COUNTY OF Faulkner ) ssSubscribed and sworn before me this 23 day of January, 2013.

*[Signature]*  
Notary Public

My commission expires: \_\_\_\_\_

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.  
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**General Information:**

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- \* 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.

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# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

Calendar year covered 2013  
(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.

## SECTION 1- NAME AND ADDRESS

Name Maggio Michael A  
(Last) (First) (Middle)  
Address 801 Low-st St Conway AR 72034  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 501 450 4904

Spouse's name \_\_\_\_\_  
(Last) (First) (Middle)

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

## SECTION 2- REASON FOR FILING

- ☒ Public Official Circuit Judge **FILED**  
(office held) **JAN 21 2014**  
☐ Candidate \_\_\_\_\_  
(office sought)  
☐ District Judge \_\_\_\_\_  
(name of municipality) **Arkansas**  
**Secretary of State**  
☐ 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 \_\_\_\_\_  
(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)

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**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
- STATE OF ARKANSAS  
(name of employer or source of income)
- Little Rock AR  
(address)
- Michael A Magglio  
(name under which income received)

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

- b) 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 \_\_\_\_\_

- 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 \_\_\_\_\_

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#### 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  
NWM (name of corporation, firm or enterprise)  
Conway AR (address)  
Michael A Maggio (name under which investment held)
- b) Check appropriate box: ☐ More than \$1,000 ☒ More than \$12,500  
HARTFORD INS ANNUITY (name of corporation, firm or enterprise)  
Conway AR (address)  
Michael A Maggio (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)

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### 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)

### 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)

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## **SECTION 10- AWARDS**

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**

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)	
	_____	
	(address)	
	_____	\$ _____
	(date of expense)	(amount of expense)
	_____	
	(nature of expenditure)	

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## **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)

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## SECTION 14- SIGNATURE

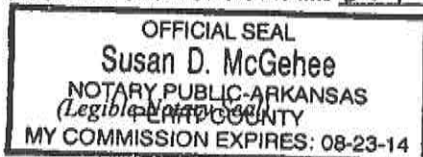
I certify under penalty of false swearing that the above information is true and correct.

Michael A. King  
Signature

STATE OF ARKANSAS

COUNTY OF Faulkner } ss

Subscribed and sworn before me this 21 day of January, 2014.



Susan D. McGehee  
Notary Public

My commission expires: 8-23-14

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 county clerk.  
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.
- \* 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.

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