

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 STODOLA MARK ALLEN
(Last) (First) (Middle)
Address 5200 N. GRANDVIEW CT. LITTLE ROCK, AR. 72207
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-666-6630
Spouse's name STODOLA JO ELLEN CHIVERS
(Last) (First) (Middle)
All names under which you and/or your spouse do business: SAME AS ABOVE

SECTION 2- REASON FOR FILING

- ☒ Public Official Mayor City of Little Rock
(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 ARKANSAS WORKFORCE INVESTMENT BOARD
STATE STREET AND 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)
- ☐ Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
☐ Planning board or commission FILED
☐ Airport board or commission _____
☐ Water or Sewer board or commission JAN 29 2013
☐ Utility board or commission Arkansas
☐ Civil Service commission Secretary of State

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 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

CITY of Little Rock

(name of employer or source of income)

500 N. MARKHAM ST. Little Rock, AR 72209

(address)

MARK STODOLA

(name under which income received)

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

performing the duties as Mayor & CEO of the City

b) Check appropriate box:

☐ More than \$1,000

☒ More than \$12,500

MARK STODOLA

(name of employer or source of income)

5200 N. GRANDVIEW ST. Little Rock, AR 72207

(address)

MARK STODOLA

(name under which income received)

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

RENTAL INCOME

c) Check appropriate box:

☐ More than \$1,000

☒ More than \$12,500

CARETIAN Firm, LLC

(name of employer or source of income)

323 Center St. Little Rock, AR 72201

(address)

MARK STODOLA

(name under which income received)

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

RESIDUAL payments owed for client transfer

d) Check appropriate box:

☒ More than \$1,000

☐ More than \$12,500

University of Arkansas

(name of employer or source of income)

Fayetteville, AR

(address)

MARK STODOLA

(name under which income received)

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

Adjunct professor at Clinton School Public Service

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a) Check appropriate box: ☒ More than \$1,000 ☐ More than \$12,500

WEBSTER UNIVERSITY

(name of employer or source of income)

840 LEADERSHIP DRIVE, JACKSONVILLE, AR.

(address)

MARK STODOLA

(name under which income received)

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

Adjunct professor

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

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
Securities America Retirement Acct. (mutual funds)
7100 Center Rd. Ste. 500 Omaha, NE 68106
Mark Stodola
(name under which investment held)
- b) Check appropriate box: ☐ More than \$1,000 ☒ More than \$12,500
Mutual Lynch Retirement Acct (mutual funds)
P.O. Box 4400 New Brunswick N.J. 08906
Mark Stodola
(name under which investment held)
- c) Check appropriate box: ☐ More than \$1,000 ☒ More than \$12,500
Wal Mart Stores
Bentonville, Arkansas
Jo Ellen Stodola
(name under which investment held)
- d) Check appropriate box: ☒ More than \$1,000 ☐ More than \$12,500
National Securities Corp.
50 Washington St. Norwalk, CT 06854
Mark A. & Jo Ellen C. Stodola
(name under which investment held)
- e) Check appropriate box: ☐ More than \$1,000 ☒ More than \$12,500
Lined Private Ledger (mutual funds)
9285 Towne Center Dr. San Diego, CA 92121
Mark Stodola & Jo Ellen Stodola
(name under which investment held)
- f) Check appropriate box: ☐ More than \$1,000 ☒ More than \$12,500
Nationwide Retirement
City of LR 500 W. Markham St. Little Rock, AR
Mark Stodola
(name under which investment held)
G. College Bonds Fund more
P.O. Box 96004 TX 78278
Mark Stodola FBO John Mark Robert
(mutual funds)

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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) DR. JO ELLEN STODOLA, DPT
(name of business, corporation, firm, or enterprise)
5200 N. GRANDVIEW, Little Rock, AR 72207
(address)
Sole PROPRIETOR
(office or directorship held)
JO ELLEN STODOLA
(name of office holder)
- b) MARK STODOLA Attorney
(name of business, corporation, firm, or enterprise)
5200 N. GRANDVIEW St. Little Rock, AR
(address)
LICENSED Attorney
(office or directorship held)
MARK STODOLA
(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) NONE
(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) NONE
(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)	<u>Duck Hunt at Murphy Lodge</u> (description of gift)	<u>\$ 700.00</u> (fair market value)
	<u>Jan. 13-15</u> (date)	
	<u>MADISON MURPHY</u> (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 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) Not Applicable
(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) Bill Gates Foundation
(name of person or organization paying expense)
Seattle, Washington
(business address)
Feb. 2-3, 2012
(date of expense) \$ 490.00
(amount of expense)
TRAVEL & LODGING for "Mayors IN Education" meeting in Seattle, WA.
(nature of expenditure)
- b) American Council for World Jewry & Israeli Foreign Ministry
(name of person or organization paying expense)
New York City, N.Y.
(address) Israeli Consulate Houston
May 6-11, 2012
(date of expense) \$ 3200.00 est.
(amount of expense)
TRAVEL & LODGING & BOARD TO JERUSALEM; TEL AVIV; HAIFA; BETHLEHEM.
(nature of expenditure)

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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)		

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a)	<u>U.S. Conference of Mayors</u>		
	(name of person or organization paying expense)		
	<u>1620 Eye St. N.W. Washington DC 20006</u>		
	(business address)		
	<u>August 4-11, 2012</u>	\$	<u>4,800.00 est</u>
	(date of expense)		(amount of expense)
	<u>Mayors Delegation to Holocaust Anniversary - Japan</u>		
	(nature of expenditure)		
b)	<u>BROE Group</u>		
	(name of person or organization paying expense)		
	<u>Denver Colorado</u>		
	(address)		
	<u>October 24, 2012</u>	\$	<u>400.00</u>
	(date of expense)		(amount of expense)
	<u>Economic Development Trip</u>		
	(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) Dr. JOELLEN STODOLA DPT.
(name of business)
ARKANSAS STATE BOARD of PHYSICAL THERAPY
(governmental body which regulates or controls)
- b) MARK STODOLA Attorney
(name of business)
ADMINISTRATIVE OFFICE of THE COURTS
(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) Not Applicable
(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.

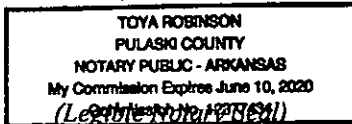
Signature

Mark Stodals

STATE OF ARKANSAS

COUNTY OF Pulaski } ss

Subscribed and sworn before me this 29th day of January, 2013.



Toya Robinson
Notary Public

My commission expires: June 10, 2020

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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