

Contract Disclosure Summary List
for School Board Review

Location	Last Name	First Name	Employee Ownership	Household Ownership	Family Ownership	Business Name	Justification for Approval
Southside	Brewer	Grant	x			Suave Perceptions LLC	Equal opportunity for local retail vendors to provide services.
Spradling	Matlock	Tammy		x		Harold Matlock, Athletic Official	Equal opportunity for local retail vendors to provide services.
Ramsey	Rea	John		x		Ross Athletic Supply	Goods or services purchased on quote/bid for lowest price. Equal opportunity for local retail vendors to provide services.
Southside	Thompson	Meagan		x		Mack Thompson & Sons Signs	Goods or services purchased on quote/bid for lowest price.
Sutton	Mathews	Jennie	x			Young Actors Guild	Equal opportunity for local retail vendors to provide services.

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: Grant Brewer

Business Name of Entity: Suave Perceptions LLC

I am a (an) Board Member Administrator Employee

Mailing Address: 1105 Fir Drive
Van Buren AR 72956 Home Telephone: 405-221-1100
Work Telephone: 479-646-7371

Nature of transaction subject to disclosure and approval:

The District desires to work with this local retail vendor when they are priced competitively.

Estimated dollar of transactions with public educational entity for entire school year:

< \$10,000

Check One:

- I have a financial interest in the transaction.
- A household member has a financial interest in the transaction.
- Both a household member and I have a financial interest in the transaction.

Nature of financial interest:

Employee is the owner of Suave Perceptions LLC.

Justification for Approval:

- Single source provider.
- As needed, goods or services will be purchased on quote/bid for lowest price.
- As needed, equal opportunity for local retail vendors to provide goods or services.
- Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

Please attach any other additional information or documents you believe are necessary for a full, complete and accurate disclosure of the facts and circumstances of the transactions.

Grant Brewer
Employee Signature

9-1-17
Date

For Office Use Only

Date completed form received by district: 9-1-17

Chae Warr Telephone Number: 479-785-2501

School Official's Signature Fax Number: 479-784-8108

Local Board Action: Approved Disapproved

Date Presented to Board:

Required to be presented to the Commissioner of the Department of Education for written approval (resolution attached)? Yes No

Date Certified to ADE:

Date Commissioner's Written Approval received by district:

Effective Date:

Contract Disclosure Form

Name of Public Educational Entity:	Fort Smith School District		
Name of Person Disclosing Transaction:	Tammy Matlock		
Business Name of Entity:	Harold Matlock		
I am a (an)	<input type="checkbox"/> Board Member	<input type="checkbox"/> Administrator	<input checked="" type="checkbox"/> Employee
Mailing Address:	476001 E 1130 Road Muldrow OK 74948	Home Telephone:	479-414-0481
		Work Telephone:	479-783-8048

Nature of transaction subject to disclosure and approval:

The District desires to work with this local retail vendor when they are priced competitively.

Estimated dollar of transactions with public educational entity for entire school year:

< \$10,000

Check One:

- I have a financial interest in the transaction.
- A household member has a financial interest in the transaction.
- Both a household member and I have a financial interest in the transaction.

Nature of financial interest:

Employee's is a sole proprietor providing services as an Harold Matlock.

Justification for Approval:

- Single source provider.
- As needed, goods or services will be purchased on quote/bid for lowest price.
- As needed, equal opportunity for local retail vendors to provide goods or services.
- Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

Please attach any other additional information or documents you believe are necessary for a full, complete and accurate disclosure of the facts and circumstances of the transactions.

<i>Tammy Matlock</i>	9-1-17
Employee Signature	Date

For Office Use Only	
Date completed form received by district:	9-1-17
<i>Charl Warren</i>	Telephone Number: 479-785-2501
School Official's Signature	Fax Number: 479-784-8108
Local Board Action: <input type="checkbox"/> Approved	Disapproved
Date Presented to Board:	
Required to be presented to the Commissioner of the Department of Education for written approval (resolution attached)? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Certified to ADE:	
Date Commissioner's Written Approval received by district:	
Effective Date:	

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: John Rea

Business Name of Entity: Ross Athletic Supply

I am a (an) Board Member Administrator Employee

Mailing Address: 3105 Canongate Way
Fort Smith AR 72908 Home Telephone: 479-422-5171
Work Telephone: 479-783-5115

Nature of transaction subject to disclosure and approval:

The District desires to work with this local retail vendor when they are priced competitively.

Estimated dollar of transactions with public educational entity for entire school year:

< \$10,000

Check One:

- I have a financial interest in the transaction.
 A household member has a financial interest in the transaction.
 Both a household member and I have a financial interest in the transaction.

Nature of financial interest:

Employee's household is an owner of > 5% of Ross Athletic Supply.

Justification for Approval:

- Single source provider.
 As needed, goods or services will be purchased on quote/bid for lowest price.
 As needed, equal opportunity for local retail vendors to provide goods or services.
 Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

Please attach any other additional information or documents you believe are necessary for a full, complete and accurate disclosure of the facts and circumstances of the transactions.

John Rea
Employee Signature

09/01/2017
Date

For Office Use Only	
Date completed form received by district: <u>Charles Warren</u>	9-1-17
School Official's Signature	Telephone Number: 479-785-2501
Local Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Fax Number: 479-784-8108
Date Presented to Board:	
Required to be presented to the Commissioner of the Department of Education for written approval (resolution attached)? <input type="checkbox"/> Yes <input type="checkbox"/> No	No
Date Certified to ADE:	
Date Commissioner's Written Approval received by district:	
Effective Date:	

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: Meagan Thompson

Business Name of Entity: Mack Thompson & Sons Signs

I am a (an) Board Member Administrator Employee

Mailing Address: 2800 S 99th Street
Fort Smith AR 72903 Home Telephone: 479-650-0301
Work Telephone: 479-646-7371

Nature of transaction subject to disclosure and approval:

The District desires to work with this local retail vendor when they are the lowest bid/quote.

Estimated dollar of transactions with public educational entity for entire school year:

< \$10,000

Check One:

- I have a financial interest in the transaction.
 A household member has a financial interest in the transaction.
 Both a household member and I have a financial interest in the transaction.

Nature of financial interest:

Employee owns more than 5% of Mack Thompson & Sons Signs.

Justification for Approval:

- Single source provider.
 As needed, goods or services will be purchased on quote/bid for lowest price.
 As needed, equal opportunity for local retail vendors to provide goods or services.
 Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

Please attach any other additional information or documents you believe are necessary for a full, complete and accurate disclosure of the facts and circumstances of the transactions.

Meagan Thompson 9-1-17
 Employee Signature Date

For Office Use Only

Date completed form received by district: 9-1-17
Chae Warr Telephone Number: 479-785-2501
 School Official's Signature Fax Number: 479-784-8108
 Local Board Action: Approved Disapproved
 Date Presented to Board:
 Required to be presented to the Commissioner of the Department of Education for
 written approval (resolution attached)? Yes No
 Date Certified to ADE:
 Date Commissioner's Written Approval received by district:
 Effective Date:

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: Jennie Mathews

Business Name of Entity: Young Actors Guild

I am a (an) Board Member Administrator Employee

Mailing Address: 9101 Sky Park Drive
Fort Smith AR 72903 Home Telephone: 479-653-2896
Work Telephone: 479-785-1778

Nature of transaction subject to disclosure and approval:

The District desires to work with this local retail vendor when they are priced competitively.

Estimated dollar of transactions with public educational entity for entire school year:

< \$10,000

Check One:

- I have a financial interest in the transaction.
 A household member has a financial interest in the transaction.
 Both a household member and I have a financial interest in the transaction.

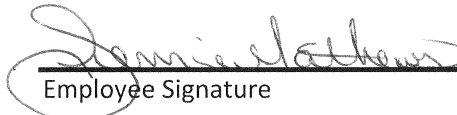
Nature of financial interest:

Employee is an elected officer of Young Actors Guild.

Justification for Approval:

- Single source provider.
 As needed, goods or services will be purchased on quote/bid for lowest price.
 As needed, equal opportunity for local retail vendors to provide goods or services.
 Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

Please attach any other additional information or documents you believe are necessary for a full, complete and accurate disclosure of the facts and circumstances of the transactions.


 Employee Signature

8-31-17
 Date

For Office Use Only

Date completed form received by district: 9-1-17


 School Official's Signature Telephone Number: 479-785-2501

Local Board Action: Approved Disapproved Fax Number: 479-784-8108

Date Presented to Board:

Required to be presented to the Commissioner of the Department of Education for

written approval (resolution attached)? Yes No

Date Certified to ADE:

Date Commissioner's Written Approval received by district:

Effective Date: