Contract Disclosure Summary List for School Board Review

Location	Last Name	First Name	Employee Ownership	Household 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		х	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		х	Mack Thompson & Sons Signs	Goods or services purchased on quote/bid for lowest price.
Sutton	Mathews	Jennie	х		Young Actors Guild	Equal opportunity for local retail vendors to provide services.

Name of Public Educ		Fort Smith School District				
Name of Person Disc		Grant Brewer				
Business Name of En		Suave Perceptions LLC				
				X		
	1105 Fir Drive Van Buren AR 72956				405-221-1100 479-646-7371	
Nature of transaction subject to disclosure and approval:						
The District de	sires to work with this loc	alre	tail vendor when they	are (priced competitively.	
Estimated dollar of transactions with public educational entity for entire school year: < \$10,000 Check One: X 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 in	terest:					
Employee is th	e owner of Suave Percepti		h.t.C.			
Instification for Approval: Single source provider. As needed, goods or services will be purchased on quote/bid for lowest price. X 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.						
Hant Bouwer 9-1-17						
Employee Signature	and the first of the control of the		ž	Date	londe jõh sõldil rinde millinkuun kouki kirtyi kõik suku k a usaliskuun ruotse korse kensus on on almeseksisse on	
For Office Use Only						
Date completed for Chal Wa	n received by district:		Telephone Number:		9-1-17 79-785-2501	
School Official's Sign			Fax Number:			
Local Board Action:			Approved	D	isaporoved	
Date Presented to B	oard:					
written approval Date Certified to AD	ented to the Commissione (resolution attached)? E: s Written Approval receiv		Yes		on for No	
Effective Date:						

Name of Public Educat	tional Entity:	Fort Smith School District			
Name of Person Disclo	osing Transaction:	Tammy Matlock			
Business Name of Enti	ty:	Harold Matlock			
I am a (an)	Board Member	Administrator	X Employee		
Mailing Address:	476001 E 1130 Road	Home Telephone:	479-414-0481		
	Muldrow OK 74948	Work Telephone:	479-783-8048		
Nature of transaction	subject to disclosure and a	pproval:			
The District desi	res to work with this local	retail vendor when they	y are priced competitively.		
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: \$\left(\frac{\\$}{10,000}\right)\$ 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: \$\left(\frac{\\$}{10,000}\right)\$ The District desires to work with this local retail vendor when they are priced competitively. A household member has a financial interest in the transaction. Both a household member and I have a financial interest in the transaction. Stature of financial interest: Employee's is a sole proprieter providing services as an Harold Matlock. Ustification for Approval: Single source provider. As needed, goods or services will be purchased on quote/bid for lowest price. X 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,					
1	e disclosure of the facts and Matherb		9117		
Employee Signature	//aruss	SECONOMIA S	Date		
For Office Use Only					
Charle W		Telephone Number:	<i>9-1-17</i> 479-785-2501		
School Official's Signa		Fax Number:	479-784-8108		
Local Board Action:		Approved	Disapproved		
Date Presented to Bo					
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:					

Name of Public Educational Entity:	Fort Smith School District				
Name of Person Disclosing Transaction:	John Rea				
Business Name of Entity:	Ross Athletic Supply				
l am a (an) Board Member	Administrator	X Employee			
Mailing Address: 3105 Canongate Way	Home Telephone:	479-422-5171			
Fort Smith AR 72908	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	y 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. X 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	•			
Single source provider. X As needed, goods or services will be purchased on quote/bid for lowest price. X 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 of complete and accurate disclosure of the facts and					
Employee Signature	m m	Date /			
For Office Use Only					
Date completed form received by district:		9-1-17			
Charle Warren	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		[
written approval (resolution attached)?	Yes	No			
Date Certified to ADE:					
Date Commissioner's Written Approval received Effective Date:					

Name of Public Educat	ional Entity:	Fort Smith School District				
Name of Person Disclo	sing Transaction:	Meagan Thompson				
Business Name of Enti	ty:	Mack Thompson & Sons Signs				
I am a (an)	Board Member	Administrator	X Employee			
Mailing Address:	2800 S 99th Street	Home Telephone:	479-650-0301			
	Fort Smith AR 72903	Work Telephone:	479-646-7371			
Nature of transaction	Nature of transaction subject to disclosure and approval:					
The District desi	res to work with this loca	l retail vendor when the	y are the lowest bid/quote.			
Check One:	Estimated dollar of transactions with public educational entity for entire school year: < \$10,000 Check One: I have a financial interest in the transaction.					
	member has a financial in ehold member and I have					
Nature of financial inte	erest:					
Employee owns	more than 5% of Mack Th	nompson & 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.						
Meago-	and the facts al	nd circumstances of the t	9-1-17			
Employee Signature	V		Date			
For Office Use Only						
Date completed form	received by district:		9-1-17			
Charles	arre	Telephone Number:	479-785-2501			
School Official's Signa	ture	Fax Number:	479-784-8108			
Local Board Action:		Approved	Disapproved			
Date Presented to Board:						
written approval (nted to the Commissioner resolution attached)?	of the Department of Ed Yes	ducation for No			
Date Certified to ADE			emberson dan elarqui ya Mala manala mahama ananya ya ajaja taka dajahan ona mahama ing kalabahan kanyan sa ataba taha mahama mapaka t			
Date Commissioner's						
Effective Date:						

Name of Public Educat	tional Entity:	Fort Smith School District			
Name of Person Disclo	osing Transaction:	Jennie Mathews			
Business Name of Enti	ty:	Young Actors Guild			
I am a (an)	Board Member X	Administrator	Employee		
Mailing Address:	9101 Sky Park Drive	Home Telephone:	479-653-2896		
	Fort Smith AR 72903	Work Telephone:	479-785-1778		
Nature of transaction	subject to disclosure and a	pproval:			
The District desi	res to work with this local	retail vendor when they	are priced competitively.		
	ensactions with public educ	ational entity for entire	school year:		
X A household	ncial interest in the transac member has a financial in ehold member and I have a	terest in the transaction.			
Nature of financial into	erest:				
Employee is an e	elected officer of Young Ac	tors Guild.			
X As needed, e		retail vendors to provide	goods or services.		
	er additional information o e disclosure of the facts an	·	•		
Lamie de	alhows		8-31-17		
Employee Signature			Date		
		ce Use Only			
Date completed form	received by district:	Talanhana Nomban	9-1-17		
School Official's Signa	tura	Telephone Number: Fax Number:	479-785-2501 479-784-8108		
Local Board Action:		Approved	Disapproved		
Date Presented to Boa	∟∟ ard:	ppi.o.ca	Disappiorca		
Required to be presented to the Commissioner of the Department of Education for					
written approval (No				
Date Certified to ADE:					
Date Commissioner's					
Effective Date:					