## **Contract Disclosure Form**

Name of Public Educational Entity:			Fort Smith School District		
Name of Person Disclosing Transaction:			Joseph Lujan		
Business Name of Entity:			No-Name Acres LLC d/b/a Reggie's Dogs		
I am a (an)	Board Member		Administrator	X	Employee
Mailing Address:	4123 Gary Street Fort Smith, AR 72903		Home Telephone: Work Telephone:	479-739-4149	
Nature of transaction s	subject to disclosure and	ggs b	roval:		
The District desir	es to work with this lo	cal re	tail vendor when they a	re pri	ced competitively.
Check One:  X I have a finar A household	< \$10,000  ncial interest in the transmember has a financial	sactio			
Nature of financial inte	erest:				
Employee owns :	100% of the LLC listed a	ıs "No	o-Name Acres LLC d/b/a	Regg	ie's Dogs".
X As needed, e Check here if Please attach any othe	e provider.  coods or services will be qual opportunity for loc f Emergency Transaction	cal re n as d n or d	hased on quote/bid for I tail vendors to provide g lefined by A.C.A. § 6-24-: locuments you believe an circumstances of the trar	oods 101(9 re ned	or services. ). essary for a full,
complete and accurate	· A	ana c	incumstances of the trai	isacci	J113.
Hoseph G (dy)			_	2-13-24	
Employee Signature			Date		
	For	Offic	e Use Only	to a few to the control of the contr	
Date completed form	received by district:	_	Telephone Number:	Ę	179-785-2501
<b>School Official's Signat</b>	ture		Fax Number:	-	479-784-8108
Local Board Action:		Ш	Approved	Щ	Disapproved
Date Presented to Boa		•	Alea Danamani est et et e		£
	esolution attached)?	er of	the Department of Educ Yes	ation	No
Date Commissioner's Written Approval received by district:					
Effective Date:					