

STATEMENT OF FINANCIAL INTEREST

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

Calendar year covered 2010
(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

Is this an amendment? Yes No

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 Purcell James Edward
(Last) (First) (Middle)
Address 1109 Sunset Gardens E. Bryant AR 72022
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-412-9492
Spouse's name Purcell Sandra D
(Last) (First) (Middle)
All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official _____ (office held) **FILED**
- Candidate _____ (office sought) **JAN 28 2011**
- District Judge _____ (name of municipality) **Arkansas**
- City Attorney _____ (name of city) **Secretary of State**
- State Government: Agency Head/Department Director/Division Director Higher Education
(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 _____

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 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)
114 E. Capitol Ave. (address)
James E. Purcell (name under which income received)

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

b) Check appropriate box: More than \$1,000 More than \$12,500
Western Interstate Commission of Higher Education (name of employer or source of income)
3035 Center Green Drive, Boulder, CO 80301 (address)
Jim Purcell (name under which income received)



Provide a brief description of the nature of the services for which the compensation was received Consulting to States and Colleges of higher education.

c) Check appropriate box: More than \$1,000 More than \$12,500
LISA ACADEMY (name of employer or source of income) C-SPOUSE EMPLOYER
21 CORPORATE HILL DR (address)
LITTLE ROCK, AR 72205 (SANDRA) (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 _____

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