

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
Sharon Priest, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone 501.682.5070
Fax 501.682.3408

Calendar year covered 2000
(Note: Filing covers the previous calendar year)

For Additional Information:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone 501.324.9600
Fax 501.324.9606

112869 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 Bradford Jay T
(Last) (First) (Middle)
Address PO Box 8367 Pine Bluff AR 71611
(Street or P.O. Box Number) (City) (State) (Zip)
Phone 870-541-0020

Spouse's name Bradford Anne T
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Jay Bradford, First Arkansas Insurance of Pine Bluff, Little Rock, Springdale, McGehee, Springdale & Cabot, FAI Risk Services of Little Rock

SECTION 2- REASON FOR FILING

- Public Official State Senator - District #9
(office held)
- Candidate State Representative - District #71
(office sought)
- Municipal Judge _____
(name of municipality)
- City Attorney _____
(name of city)
- State Government: Agency head _____
(agency name)
- State Government: Department Director/Division Director _____
(department/division name)
- 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)
- 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 _____

FILED

JAN 23 2001

SHARON PRIEST
SECRETARY OF STATE

BY

The law provides for a maximum penalty of \$1,000 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 § 21-8-803. 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 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 income. (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 income exceeding \$1,000, the answer N/A is not correct.

a) Check appropriate box: more than \$1,000 more than \$12,500

First Arkansas Insurance
(name of employer or source of income)
P.O. Box 8367, Pine Bluff, AR 71611
(address)
Jay Bradford
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Chairman of the Board and CEO

b) Check appropriate box: more than \$1,000 more than \$12,500

First Arkansas Insurance
(name of employer or source of income)
1501 Mart Drive, Little Rock, AR 72225-1956
(address)
Jay Bradford
(name under which income received)

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

c) Check appropriate box: more than \$1,000 more than \$12,500

First Arkansas Insurance
(name of employer or source of income)
P.O. Drawer 730, Dumas, AR 71639
(address)
Jay Bradford
(name under which income received)

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

d) Check appropriate box: more than \$1,000 more than \$12,500

First Arkansas Insurance
(name of employer or source of income)
P.O. Box 6049, Hot Springs, AR 71901
(address)
Jay Bradford
(name under which income received)

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

*See attachment #1

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Senator Bradford
Attachment to Financial Interest Statement #1
Section 3 - Sources of Income

- (e) Farmland Inc dba W&A Mfg Inc More than \$1,000
P.O. Box 5238, Pine Bluff, AR 71601
Jay Bradford
Board of Directors
- (f) Arkansas State Senator More than \$12,500
State Capitol
Jay Bradford
State Senator
- (g) Surry Lane Subdivision More than \$1,000
Bull Shoals, AR 72619
Jay Bradford
Investment Property
- (h) BEGS, Inc. More than \$1,000
P.O. Drawer 730, Dumas, AR 71639
Jay Bradford
Insurance Agency
- (i) FAI Risk Services More than \$12,500
P.O. Box 251956, Little Rock, AR 72225-1956
Jay Bradford
Insurance Services
- ** (j) SEBCO More than \$12,500
P.O. Box 1588, Little Rock, AR 72203
First Arkansas Insurance
Employee Insurance Program
- (k) First Bankers Insurance Services
P.O. Box 1100
Lewisville, AR 71845

**This income is not paid to Jay Bradford, but to First
Arkansas Insurance of Pine Bluff.
Jay Bradford is majority stockholder & CEO of FAI,
Pine Bluff

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 as of the last day of the previous calendar year.

a) Check appropriate box: more than \$1,000 more than \$12,500
First Arkansas Insurance
(name of corporation, firm or enterprise)
P.O. Box 8367, Pine Bluff, AR 71611
(address)
Jay Bradford
(name under which investment held)

b) Check appropriate box: more than \$1,000 more than \$12,500
First Arkansas Insurance
(name of corporation, firm or enterprise)
1501 Mart Drive, Little Rock, AR 72225-1956
(address)
Jay Bradford
(name under which investment held)

c) Check appropriate box: more than \$1,000 more than \$12,500
First Arkansas Insurance
(name of corporation, firm or enterprise)
P.O. Drawer 730, Dumas, AR 71639
(address)
Jay Bradford
(name under which investment held)

d) Check appropriate box: more than \$1,000 more than \$12,500
First Arkansas Insurance
(name of corporation, firm or enterprise)
P.O. Box 6049, Hot Springs, AR 71901
(address)
Jay Bradford
(name under which investment held)

e) Check appropriate box: more than \$1,000 more than \$12,500
First Arkansas Insurance
(name of corporation, firm or enterprise)
P.O. Box 499, McGehee, AR 71654
(address)
Jay Bradford
(name under which investment held)

f) Check appropriate box: more than \$1,000 more than \$12,500
Fairland, Inc dba W&A Mfg Inc
(name of corporation, firm or enterprise)
P.O. Box 5238, Pine Bluff, AR 71611
(address)
Jay Bradford
(name under which investment held)

See Attachment #2

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Senator Bradford

Attachment to Financial Interest Statement #2

Section 4 - Business or Holdings

- (g) Surry Lane More than \$12,500
Bull Shoals, AR 72619
Jay Bradford
- (h) Enterprise Associates More than \$12,500
6th & Laurel, Pine Bluff, AR 71601
Jay Bradford
- (i) BFGS, Inc. More than \$12,500
P.O. Drawer 730, Dumas, AR 71639
Jay Bradford
- (j) FAI-Springdale More than \$12,500
P.O. Box 6070, Springdale, AR 72766
Jay Bradford
- (k) FAI-Cabot More than \$12,500
1904 S Pine, Ste E Cabot, AR 72023
Jay Bradford
- (l) FAI Risk Services More than \$12,500
PO Box 251956, Little Rock, AR 72225-1956
Jay Bradford
- (m) Simmons First National-Misc Accts More than \$12,500
5th & Main, Pine Bluff, AR 71601
Jay T. & Anne T. Bradford
- (n) Bank of Little Rock-Misc Accts More than \$12,500
Little Rock, AR
Jay T. & Anne T. Bradford
- (o) Bank of the Ozarks-Misc Accts More than \$12,500
Little Rock, AR
Jay T. & Anne T. Bradford
- (p) U.S. Government Bonds More than \$12,500
Washington, DC
Anne T. Bradford
- (q) Vanguard-Annuity More than \$12,500
Valley Forge, PA
Anne T. Bradford

{r}	Schwab-IRA Phoenix, AZ Anne T. Bradford	More than \$12,500
{s}	Mutual of America Nashville, TN Anne T. Bradford	More than \$12,500
{t}	MBNA-Stock Boston, MA Jay T. Bradford	More than \$12,500
{u}	Simmons First National-401K 5th & Main, Pine Bluff, AR 71601 Jay T. Bradford	More than \$12,500
{v}	Valic-Annuity Houston, TX Jay T. Bradford	More than \$12,500
{w}	Safeco Seattle, WA Anne T. Bradford	More than \$12,500
{x}	Diversified Investment Advisors Purchase, NY Anne T. Bradford	More than \$12,500
{y}	Wal-Mart - Stock Bentonville, AR Jay and Anne Bradford	More than \$12,500
{z}	CIFRA - Stock Mexico City, Mexico Jay Bradford	More than \$12,500
{aa}	State Farm Growth - IRA Bloomington, IL Jay Bradford	More than \$12,500
{bb}	First Bankers Insurance Services P.O. Box 1100 Lewisville, AR 71845	More than \$12,500

SECTION 8- GIFTS

List the source, date, reasonable fair market value and description 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. A "gift" is defined as "any payment, entertainment, advance, services or anything of value unless consideration of equal or greater value has been given therefor".

A gift does not include (1) informational material, (2) the giving or receiving of food, lodging or travel which bears a relationship to the public servant's office and when appearing in an official capacity, (3) gifts which are not used and returned to donor within 30 days, (4) gifts from a family member, unless the giver is acting as agent or intermediary for any person not covered by this paragraph, (5) campaign contributions, (6) any devise or inheritance (7) anything with a value of \$100 or less and (8) wedding presents.

a) NONE

(description of gift)

(date) _____ (fair market value)

(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- 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) NONE

(name of person or organization paying expense)

(business address)

(date of expense)

(nature of expenditure)

b) _____
(name of person or organization paying expense)

(address)

(date of expense)

(nature of expenditure)

SECTION 10- 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) NONE

(name of business)

(governmental body which regulates or controls)

b) _____
(name of business)

(governmental body which regulates or controls)

SECTION 11- 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) NONE

(goods or services)

(governmental body to whom sold)

(compensation paid)

b) _____
(goods or services)

(governmental body to whom sold)

(compensation paid)

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SECTION 12- SIGNATURE

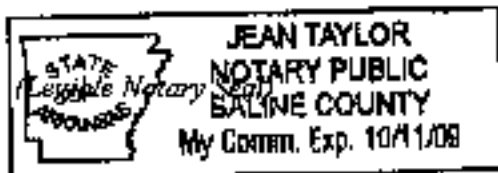
I Certify under penalty of false swearing that the above information is true and correct.

Signature *Gay Ryan*

STATE OF ARKANSAS

COUNTY OF Jefferson } ss

Subscribed and sworn to before me, a Notary Public this the 16 day of January, 2001



Jean Taylor
Notary Public
51711 Acacia Dr. Heasley AR
Address *72065*

My commission expires: 10-11-09

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 and public servants file with the Secretary of State.
- County, township and school district candidates and public servants file with the county clerk.
- Municipal candidates and 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 within thirty (30) days after the deadline for filing for 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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