

STATEMENT OF FINANCIAL INTEREST

State/District officials file with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3548

Calendar year covered 2013
(Note: Filing covers the previous calendar year)

For assistance in completing
this form contact:
Arkansas Ethics Commission
Phone (501) 324-9600
Toll Free (800) 422-7773

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 Hutchinson William Asa
(Last) (First) (Middle)
Address 121 Champions Blvd. Rogers AR 72758
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone (501) 223-9990

Spouse's name Hutchinson Susan Burrell
(Last) (First) (Middle)

All names under which you and/or your spouse do business: William Asa Hutchinson, Asa Hutchinson, Susan B. Hutchinson

SECTION 2- REASON FOR FILING

- Public Official _____ (office held)
- Candidate Governor of Arkansas _____ **MAR 12 2014**
(office sought)
- District Judge _____ Arkansas
(name of municipality) **Secretary of State**
- City Attorney _____
(name of city)
- State Government: Agency Head/Department Director/Division Director _____
(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)
- Advertising and Promotion Commission member _____
(name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____
(name of research park authority board)

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 2- REASON FOR FILING (continued)

- 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 _____

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 you 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
- The Asa Hutchinson Law Group, PLC _____
(name of employer or source of income)
3300 Market Street, Suite 404, Rogers AR 72758 _____
(address)
Asa Hutchinson _____
(name under which income received)

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

- b) Check appropriate box: More than \$1,000 More than \$12,500
- Hutchinson Securities Strategies dba Hutchinson Group _____
(name of employer or source of income)
3300 Market Street, Suite 404, Rogers AR 72758 _____
(address)
Asa Hutchinson _____
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Security Consulting Services

- c) 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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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 at the end of the reporting period.

- a) Check appropriate box: More than \$1,000 More than \$12,500
Total Site Solutions, Inc. _____
(name of corporation, firm or enterprise)
7226 Le DeForest Drive, Suite 104, Columbia, MD _____
(address)
Asa Hutchinson _____
(name under which investment held)

- b) Check appropriate box: More than \$1,000 More than \$12,500
B2G Global Strategies, LLC _____
(name of corporation, firm or enterprise)
121 Broadway, Suite 630, San Diego, CA 92101 _____
(address)
Asa Hutchinson _____
(name under which investment held)

- c) Check appropriate box: More than \$1,000 More than \$12,500
VIC Technology Venture Development _____
(name of corporation, firm or enterprise)
535 West Research Center Blvd, Suite 135, Fayetteville, AR 72701 _____
(address)
Asa Hutchinson _____
(name under which investment held)

- d) Check appropriate box: More than \$1,000 More than \$12,500
Hutchinson Securities Strategies dba Hutchinson Group _____
(name of corporation, firm or enterprise)
3300 Market Street, Suite 404, Rogers AR 72758 _____
(address)
Asa Hutchinson _____
(name under which investment held)

- e) Check appropriate box: More than \$1,000 More than \$12,500
Asa Hutchinson Law Group, PLC _____
(name of corporation, firm or enterprise)
3300 Market Street, Suite 404, Rogers AR 72758 _____
(address)
Asa Hutchinson _____
(name under which investment held)

- f) Check appropriate box: More than \$1,000 More than \$12,500
Nest Egg University _____
(name of corporation, firm or enterprise)
Intrust Bank, Rogers AR _____
(address)
Asa Hutchinson _____
(name under which investment held)

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SECTION 4- BUSINESS OR HOLDINGS, Cont'd

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 at the end of the reporting period.

g) Check appropriate box: More than \$1,000 More than \$12,500
Vixiar Medical, Inc. c/o VIC Technology Venture Development

(name of corporation, firm or enterprise)
535 West Research Center Blvd, Suite 135, Fayetteville AR 72701

(address)
Asa Hutchinson

(name under which investment held)

h) Check appropriate box: More than \$1,000 More than \$12,500
4 Licensing Corp

(name of corporation, firm or enterprise)
767 3rd Avenue, 17th Floor

(address)
New York, New York 10017

(name under which investment held)

i) Check appropriate box: More than \$1,000 More than \$12,500
Arvest Bank (Bank Account)

(name of corporation, firm or enterprise)
Rogers, AR

(address)
Asa Hutchinson

(name under which investment held)

j) Check appropriate box: More than \$1,000 More than \$12,500
First National Bank of Fort Smith (Bank Account)

(name of corporation, firm or enterprise)
Fort Smith, AR

(address)
Asa Hutchinson

(name under which investment held)

SECTION 5- OFFICE OR DIRECTORSHIP

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

- a) Securitas Critical Infrastructure Services
(name of business, corporation, firm, or enterprise)
6850 Versar Center, Suite 400, Springfield, VA 22151
(address)
Member of Proxy Board of Directors
(office or directorship held)
Asa Hutchinson
(name of office holder)

- b) Asa Hutchinson Law Group, PLC
(name of business, corporation, firm, or enterprise)
3300 Market Street, Suite 404 Rogers AR 72758
(address)
Senior Partner
(office or directorship held)
Asa Hutchinson
(name of office holder)

- c) Hutchinson Securities Solutions dba Hutchinson Group
(name of business, corporation, firm, or enterprise)
3300 Market Street, Suite 404 Rogers AR 72758
(address)
Sole Owner and Managing Director
(office or directorship held)
Asa Hutchinson
(name of office holder)

- d) Save the Children US
(name of business, corporation, firm, or enterprise)
163 Old Todds Road, Suite 175, Lexington, KY 40509
(address)
Member of the Board of Directors
(office or directorship held)
Asa Hutchinson
(name of office holder)

- e) Children Advocacy Center
(name of business, corporation, firm, or enterprise)
Rogers, AR
(address)
Member of the Board of Directors
(office or directorship held)
Susan Hutchinson
(name of office holder)

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SECTION 6- CREDITORS

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) N/A

(name of creditor)

(address of creditor)

b) _____
(name of creditor)

(address of creditor)

c) _____
(name of creditor)

(address of creditor)

SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

a) None

(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

b) _____
(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

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SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

a) None

(name)

(address)

b) _____

(name)

(address)

SECTION 9- GIFTS

List the source, date, description, and a reasonable estimate of the fair market value 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. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

a) N/A

(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)

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SECTION 10- AWARDS

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive life-long learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

a) N/A

(description of award)

(date) _____ (fair market value)

(source of award)

b) _____

(description of award)

(date) _____ (fair market value)

(source of award)

c) _____

(description of award)

(date) _____ (fair market value)

(source of award)

d) _____

(description of award)

(date) _____ (fair market value)

(source of award)

SECTION 11- 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) N/A

(name of person or organization paying expense)

(business address)

(date of expense) _____ \$ _____ (amount of expense)

(nature of expenditure)

b) _____

(name of person or organization paying expense)

(address)

(date of expense) _____ \$ _____ (amount of expense)

(nature of expenditure)

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SECTION 12- 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) N/A

(name of business)

(governmental body which regulates or controls)
- b) _____

(name of business)

(governmental body which regulates or controls)
- c) _____

(name of business)

(governmental body which regulates or controls)
- d) _____

(name of business)

(governmental body which regulates or controls)

SECTION 13- 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) N/A

(goods or services)

(governmental body to whom sold)

(compensation paid)
- b) _____

(goods or services)

(governmental body to whom sold)

(compensation paid)
- c) _____

(goods or services)

(governmental body to whom sold)

(compensation paid)
- d) _____

(goods or services)


(governmental body to whom sold)

(compensation paid)

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SECTION 14- SIGNATURE

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




Signature

STATE OF ARKANSAS

COUNTY OF Benton } ss

Subscribed and sworn before me this 10th day of March, 2014.

(Legible Notary Seal)



Notary Public

My commission expires: 09-11-2023



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/public servants file with the Secretary of State.
- Appointees to state boards/commissions file with the Secretary of State.
- County, township, and school district candidates/public servants file with the county clerk.
- Municipal candidates/public servants file with the city clerk or recorder, as the case may be.
- City attorneys file with the city clerk of the municipality in which they serve.
- District judges file with the county clerk.
- 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 on the first Monday following the close of the period to file as a candidate for elective 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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ADDENDUM TO SECTION 5- OFFICE OR DIRECTORSHIP

The filer does not believe the following Office of Directorship are subject to disclosure since they are not subject to jurisdiction of a regulatory agency of this state, or of any of its political subdivisions. In order to meet any perceived requirements the following Office of Directorships are listed:

a) Intergraph Government Solutions

(name of business, corporation, firm, or enterprise)

P.O. Box 240000, Huntsville, AL 35813

(address)

Member of Board of Directors

(office or directorship held)

Asa Hutchinson

(name of office holder)

b) Paragon Systems

(name of business, corporation, firm, or enterprise)

13655 Dulles Technology Drive, Suite 100, Herndon, VA 20171

(address)

Member of the Board of Directors

(office or directorship held)

Asa Hutchinson

(name of office holder)

c) The Constitution Project

(name of business, corporation, firm, or enterprise)

1200 18th Street NW, Suite 1000, Washington, DC 20036

(address)

Member of the Board of Directors

(office or directorship held)

Asa Hutchinson

(name of office holder)

ADDITIONAL ADDENDUM TO SECTION 5- OFFICE OR DIRECTORSHIP

The filer does not believe the following Advisory Positions are subject to disclosure since they are not Office of Directorships. In order to meet any perceived requirements the following Advisory Positions are listed because they are subject to jurisdiction of a regulatory agency of this state, or of any of its political subdivisions.

- a) Eleanor Mann School of Nursing Advisory Board

(name of business, corporation, firm, or enterprise)
201 Graduate Education Building, Fayetteville AR 72701

(address)
Member of the Advisory Board

(office or directorship held)
Asa Hutchinson

(name of office holder)

- b) National Leadership Council – US Marshals Museum

(name of business, corporation, firm, or enterprise)
14 N 3rd St, Fort Smith, AR 72901

(address)
Member of the Advisory Board

(office or directorship held)
Asa Hutchinson

(name of office holder)