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 2011
(Note: Filing covers the previous calendar year)

Is this an amendment? ☐ Yes ☑ No

For assistance in completing this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
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 MOUDEN (Last) SIP (First) B. (Middle)

Address 118 MONTPELLIER DRIVE (Street or P.O. Box Number) MAUMELLE (City) ARK (State) 72113 (Zip Code)

Phone 501-803-0912 ; 501-517-2591

Spouse's name N/A as of 2/9/2012 IN 2011 LYNN D. Mouden, D.D.S (Last) (First) (Middle)

All names under which you and/or your spouse do business: M. SIP B. MOUDEN M. SIPPLE B. MOUDEN IN 2011 LYNN DOUGLAS MOUDEN, DDS

SECTION 2- REASON FOR FILING

☐ Public Official ______ (office held)

☐ Candidate ______ (office sought)

☐ District Judge ______ (name of municipality)

☐ City Attorney ______ (name of city)

FILED
AUG 13 2012
Arkansas
Secretary of State

☐ 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 HEALTH INFORMATION EXCHANGE COUNCIL (name of board/commission) (HIE COUNCIL)

☐ 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 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

COMMUNITY HEALTH CENTERS OF ARKANSAS, INC.
(name of employer or source of income)

420 WEST 4th Street, Suite A NORTH LITTLE ROCK, ARK 72114
(address)

M. Sipple B. Mouden Sip B. MOUDEN
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received CEO of the COMMUNITY HEALTH CENTERS of ARKANSAS, ARKANSAS PRIMARY CARE Association, which represents 12 Federally Qualified Health Centers & their 75 health centers that serve the medically underserved

b) Check appropriate box: ☐ More than $1,000 ☑ More than $12,500

ARKANSAS DEPARTMENT OF HEALTH
(name of employer or source of income)

WEST MARKHAM STREET Little ROCK, ARKANSAS
(address)

LYNN DOUGLAS MOUDEN, DDS LYNN D. MOUDEN, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received DIRECTOR OF OFFICE OF ORAL HEALTH

c) Check appropriate box: ☑ More than $1,000 ☐ More than $12,500

UNITED Methodist Church of Maumelle
(name of employer or source of income)

MAUMELLE, ARKANSAS
(address)

LYNN D MOUDEN, DDS
(name under which income received)

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

d) Check appropriate box: ☑ More than $1,000 ☐ More than $12,500

CHILDREN'S DENTAL HEALTH FUND
(name of employer or source of income)

WASHINGTON, D.C.
(address)

LYNN D. MOUDEN, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received CONSULTANT Best PRACTICES/POLICY TOOL

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 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

PAL TECH
(name of employer or source of income)

Arlington, Virginia
(address)

Lynn D Mouden, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Consultant
Oral health & head start

b) Check appropriate box: ☑ More than $1,000 ☐ More than $12,500

DENTAL HEALTH FOUNDATION
(name of employer or source of income)

OAKLAND, California
(address)

Lynn D. Mouden, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Consultant
ORAL HEALTH POLICY TOOL

c) Check appropriate box: ☑ More than $1,000 ☐ More than $12,500

ORAL Health Kansas
(name of employer or source of income)

Topeka, KANSAS
(address)

Lynn D. Mouden, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Consultant
"PANDA" TRAINING

d) Check appropriate box: ☑ More than $1,000 ☐ More than $12,500

Kentucky DENTAL Association
(name of employer or source of income)

LOUISVILLE, Kentucky
(address)

LYNN D. MOUDEN, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Consultant
"PANDA" TRAINING

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 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

Missouri Coalition For Primary Care
(name of employer or source of income)

Jefferson City Missouri and St Louis Missouri
(address)

Lynn D Mouden, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Consultant "PANDA" TRAINING

b) Check appropriate box: ☑ More than $1,000 ☐ More than $12,500

Jessamine County (KY) Health Department
(name of employer or source of income)

Nicholasville, Kentucky
(address)

Lynn D. Mouden, DDS
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Consultant "Key Note Speaker"

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

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

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 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

METROPOLITAN NATIONAL
(name of corporation, firm or enterprise)

PO BOX 8010 LITTLE ROCK, ARKANSAS 72203-8010
(address)

M. Sip B. MOUDEN
(name under which investment held)

b) Check appropriate box: ☐ More than $1,000 ☑ More than $12,500

FPA CRESCENT BALANCED MUTUAL FUND (IRA INVESTMENT)
(name of corporation, firm or enterprise)

NATIONAL FINANCIAL SERVICES, LLC - MNGD. BY WILLIAM MIXDORF
(address) COMMONWEALTH FINANCIAL NETWORK

MS MOUDEN
(name under which investment held)

c) Check appropriate box: ☐ More than $1,000 ☑ More than $12,500

FPA NEW INCOME - BOND MUTUAL FUND (IRA INVESTMENT)
(name of corporation, firm or enterprise)

NATIONAL FINANCIAL SERVICES, LLC MNGD. BY WILLIAM MIXDORF
(address) COMMONWEALTH FINANCIAL NETWORK

MS MOUDEN
(name under which investment held)

d) Check appropriate box: ☐ More than $1,000 ☑ More than $12,500

THORNBURG CORE GROWTH, STOCK MUTUAL FUND (IRA INVESTMENT)
(name of corporation, firm or enterprise)

NATIONAL FINANCIAL SERVICES, LLC MNGD. BY WILLIAM MIXDORF
(address) COMMONWEALTH FINANCIAL NETWORK

MS MOUDEN
(name under which investment held)

e) Check appropriate box: ☐ More than $1,000 ☑ More than $12,500

THORNBURG CORE GROWTH - STOCK MUTUAL FUND (INDIV INVESTMENT)
(name of corporation, firm or enterprise)

NATIONAL FINANCIAL SERVICES, LLC MNGD. BY WILLIAM MIXDORF
(address) COMMONWEALTH FINANCIAL NETWORK

MS MOUDEN
(name under which investment held)

f) Check appropriate box: ☑ More than $1,000 ☑ More than $12,500

AMERICAN FUNDS (SIMPLE IRA PLAN - RETIREMENT) TARGET 2020
(name of corporation, firm or enterprise)

5300 ROBIN HOOD ROAD, NORFOLK, VA
(address)

SIP B. MOUDEN
(name under which investment held)

LUNN D MOUDEN TRUST FUND ☑ MORE THAN $12,500
MANAGED BY WILLIAM MIXDORF
COMMONWEALTH FINANCIAL NETWORK

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 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) FOUNDATION FOR THE MID SOUTH (ARK, MISS, LA)
(name of business, corporation, firm, or enterprise)
134 EAST AMITE, JACKSON, MISSISSIPPI
(address)
BOARD OF DIRECTORS Secretary
(office or directorship held)
SIP B. MOUDEN
(name of office holder)

b) ______________________________
(name of business, corporation, firm, or enterprise)
____
(address)
____
(office or directorship held)
____
(name of office holder)

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 NOT APPLICABLE
(name of creditor)
____
(address of creditor)
b) ______________________________
(name of creditor)
____
(address of creditor)
c) ______________________________
(name of creditor)
____
(address of creditor)

SECTION 7- 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) N/A NOT APPLICABE
(name)
____
(address)
b) ______________________________
(name)
____
(address)

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 8- 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) Not Applicable
(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)

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 9- 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) Not Applicable
(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 10- 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) JBS INTERNATIONAL
(name of person or organization paying expense)

5515 Security LANE - Suite 800 - NORTH BETHESDA, MD.
(business address)

MARCH 2011 $ 417.15
(date of expense) (amount of expense)

Hotel & Food - paid to CHCA For Sip B. MOUDEN
(nature of expenditure)

b)
(name of person or organization paying expense)

(address)

$
(date of expense) (amount of expense)

(nature of expenditure)

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 11- 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) Community Health Centers of Arkansas, Inc. (CHCA)
(name of business)
CHCA Board of Directors -
(governmental body which regulates or controls)

b) Community Health Centers of Arkansas, Inc.
(name of business)
Health Resources Services Administration - Bureau of Primary Health Care
(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 12- 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) Not Applicable
(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)

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.

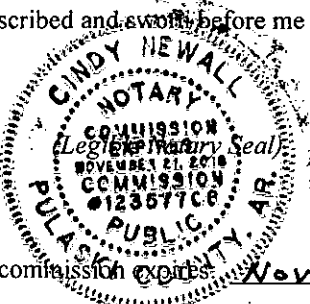
SECTION 13- SIGNATURE

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

M. Kip B. Marden
Signature

STATE OF ARKANSAS
} ss
COUNTY OF Pulaski

Subscribed and sworn before me this 13th day of August, 2012.



Cindy Newall
Notary Public

My commission expires: Nov. 21, 2016

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.
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.
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 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.

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.