STATEMENT OF FINANCIAL INTEREST

State/District officials file with: John Thurston, Secretary of State 500 Woodlane Street Little Rock, AR 72201 Phone (501) 682-5070 Calendar year covered 2034
(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

Phone (501) 682-5070

Fax (501) 682-3548

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. Do not file this form with the Arkansas Ethics Commission.

<u>SECT</u>	TION 1- NAME AND ADDRESS			
Name	CRAY	Do	nie l	. T
Addre	ess(Last) 1700	- (First)	RE J	ukwell-(Middle) 7207
Phone	Street or P.O. Box Number	er) (City)	(State)	(Zip Code)
Spous	se's name (Last)	Amo	\	R.
All na	(Last) ames under which you and/or your spou	se do business:	<u> </u>	(Middle)
SECT	TION 2- REASON FOR FILING		RI	ECEIVED
	Public Official	School Bow	٠.\	JAN 27 2025
		(office held)		RI HOLLINGSWORTH
	Candidate		CI	RCUIT COUNTY CLERK
	District Judge			
	City Attorney State Government: Agency Head/De	(name of city)	or	
	State Government: Agency Head/De Chief of Staff or Chief Deputy			
	Fublic appointee to State Board or C	(name of Constitutional Office	er, Senate, or House of	Representatives)
	School Board member 5		f board/commission)	
	Candidate for school board	(name of school district)		
	Public or Charter School Superinten	(name of school district)		
	Executive Director of Education Ser	(name of school district/school vice Cooperative	,	
	Advertising and Promotion Commis	sion member	(name of cooperative)	
	Research Park Authority Board men	(name of	f advertising and promo	tion commission)
	-	•		research park authority board)

SECT	ON 2- REASON FOR FILING (continued)
	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
	☐ Airport board or commission
	☐ Water or Sewer board or commission
	☐ Utility board or commission
	☐ Civil Service commission
SECT	ON 3- SOURCE OF INCOME
or you that co accour \$1,000	h employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income stitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: ants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding from at least one source, the answer N/A is not correct. More than \$1,000 KEIMAN [Lawfinders] (name of employer or source of income)
Provid	(name under which income received) a brief description of the nature of the services for which the compensation was received
b) Ch	ck appropriate box:
	(name of employer or source of income)
	(name under which income received)
Provid	a brief description of the nature of the services for which the compensation was received
c) (neck appropriate box:
	(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 _____

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 Die Hones LLC	More than \$12,500
		Gname of corporation, firm	or enterprise) Tex AR 73676
		Daniel (address)	3 = 1.1. 190
		(name under which invest	ment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, firm of	or enterprise)
		(address)	
_		(name under which invest	ment held)
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, firm of	or enterprise)
		(address)	
		(name under which invest	ment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, firm of	or enterprise)
		(address)	
		(name under which invest	ment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, firm o	or enterprise)
		(address)	
		(name under which invest	ment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, firm o	or enterprise)
		(address)	
		(name under which invest	ment held)

SECTION 5- OFFICE OR DIRECTORSHIP

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

a)	
(nar	ne of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
	ne 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 thous outstanding. (This does not include debts owed t financial institution or a person who regularly and	sand dollars (\$5,000) or more was personally owed or personally obligated and is still o members of your family or loans made in the ordinary course of business by either a d customarily extends credit.)
a)	
	(name of creditor)
b)	(address of creditor)
	(name of creditor)
2)	(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 the nature of the amount of the obligation.	pody to which you are legally obligated to pay a past-due amount and a description of
a)	
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)
(name of governmental body)	(address of governmental body)
(amount owed)	(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has extended and refinanced after Jan. 1, 1989	parameted a debt of yours that is still outstanding. (This includes debt guarantors arising of Members of your family who are your guarantors are not required to be disclosed.)
a)	
	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
your spouse and of each gift of more than entertainment, advance, services, or anyth are a number of exceptions to the definition. Interest prepared for use with this form. (reimburses the person from whom the iter from the date the item was received.)	onable estimate of the fair market value of each gift of more than \$100 received by you of 250 received by your dependent children. The term "gift" is defined as "any payment, go of value unless consideration of equal or greater value has been given therefor." There of "gift." Those exceptions are set forth in the Instructions for Statement of Financial ote: The value of an item shall be considered to be less than \$100 if the public servant was received any amount over \$100 and the reimbursement occurs within ten (10) days
a)	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	(description of sign)
	(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)

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 lifelong 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)			
		(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 SO	URCES OF PAYMENT	
List each nongo when you appea	overnmental source of payment ar in your official capacity whe	of your expenses for food, lodging, or travel which bears a relationship to you the expenses incurred exceed \$150.	our offic
a)			
	(name of person or organization paying expense)	
		(business address)	
	(date of expense)	(amount of expe	nse)
		(nature of expenditure)	
b)		name of person or organization paying expense)	
		(business address) \$	
	(date of expense)	(amount of expe	nse)
		(nature of expenditure)	

SECTION 12- DIRECT REGULATION OF BUSINESS

a)	
u)	(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)
a)	(goods or services)
	(governmental body to whom sold)
	(compensation paid)
b)	(goods or services)
	(governmental body to whom sold)
c)	(compensation paid)
	(goods or services)
	(governmental body to whom sold)
d)	(compensation paid)
	(goods or services)
	(governmental body to whom sold)
	(compensation paid)

SECTION 14- SIGNATURE

I certify under penalty of false swearing that the above information is true and correct.
Signature
STATE OF ARKANSAS
COUNTY OF Y WLASKU Sss
Subscribed and sworn before me this
Jana & Chely
(Legible Notary Seal) JANA L. GRISBY Notary Public PULASKI COUNTY
My commission expires: NOTARY PUBLIC ARKANSAS My Commission Expires Aug. 8, 2032 Commission No. 12389308
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 Secretary of State.

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 <u>previous</u> 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. In addition, if the party filing period ends before January 1 of the year of the general election, candidates for elective office shall file a Statement of Financial Interest for the previous calendar year by no later than January 31 of the year of the general election.
- * 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.