STATEMENT OF FINANCIAL INTEREST For assistance in completing this form contact: State/District officials file with: Calendar year covered Arkansas Ethics Commission Cole Jester, Secretary of State (Note: Filing covers the previous calendar year) 500 Woodlane Street Phone (501) 324-9600 Toll Free (800) 422-7773 Little Rock, AR 72201 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. **SECTION 1- NAME AND ADDRESS** Spouse's name (Middle) All names under which you and/or your spouse do business: **SECTION 2- REASON FOR FILING** RECEIVED JAN 29 2025 (office held) Candidate TERRI HOLLINGSWORTH (office sought) CIRCUIT COUNTY CLERK District Judge (name of district) 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)

(name of school district/school)

(name of cooperative)

(name of advertising and promotion commission)

(name of research park authority board)

Public or Charter School Superintendent __

Executive Director of Education Service Cooperative

Advertising and Promotion Commission member

Research Park Authority Board member under A.C.A. § 14-144-201 et seq.___

Appoin	Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission)				
	☐ Planning board or commission				
□ Utili	☐ Utility board or commission				
□ Civil	Service comn	nission			
SECTION 3- SO	OURCE OF I	NCOME			
or your spouse reincome that cons example: account	eceives gross in stitute a portion ntants, attorney	ncome amounting to more than \$1,000 of the gross income of the business of	ou, your spouse, or any other person for the use or benefit of you. (You are not required to disclose the individual items of r profession from which you or you spouse derives income. For ye to list their individual clients.) If you receive gross income rect.		
a) Check appr	opriate box:	☐ More than \$1,000	More than \$12,500		
		(name of employer	or source of income)		
			dress)		
		(name under which	ch income received)		
Provide a brief de	escription of th	e nature of the services for which the	compensation was received CUSTIMER SERVICE		
b) Check approp	priate box:	☐ More than \$1,000	OUNT More than \$12,500		
		(name of employer	or source fof income)		
		(name under whi	dress) th income received)		
Provide a brief de	escription of th		compensation was received Elected Official		
c) Check appr	opriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of employer	or source of income)		
		(add	ress)		
		(name under which	h income received)		
Provide a brief de	escription of th	e nature of the services for which the	commongation 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	NIA	☐ More than \$12,500				
-		(name of o	corporation, firm	or enterprise)				
	(address)							
	(name under which investment held)							
b)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500				
	(name of corporation, firm or enterprise)							
			(address)	·				
	(name under which investment held)							
c)	Check appropriate box:	☐ More than \$1,000	,	☐ More than \$12,500				
	(name of corporation, firm or enterprise)							
	(address)							
	(name under which investment held)							
d)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500				
	(name of corporation, firm or enterprise)							
			(address)					
	(name under which investment held)							
e)	Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500				
	(name of corporation, firm or enterprise)							
			(address)					
	(name under which investment held)							
f) (Check appropriate box:	☐ More than \$1,000		☐ More than \$12,500				
		(name of co	orporation, firm	or enterprise)				
			(address)					
		(name ur	nder which inves	tment held)				

SECTION 5	- OFFICE	OR DIRECT	FORSHIP
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(amount owed)

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. (name of business, corporation, firm, or enterprise) (address) (office or directorship held) (name of office holder) (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.) (address of creditor) (name of creditor) (address of creditor) (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. (name of governmental body) (address of governmental body) (amount owed) (nature of the obligation) (name of governmental body) (address of governmental body)

(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

List each guarantor or co-maker who has guarantee extended and refinanced after Jan. 1, 1989. Member	d a debt of yours that is still outstanding. (This includes debt guarantors arising or ers of your family who are your guarantors are not required to be disclosed.)
a)	X/A
	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
your spouse and of each gift of more than \$250 rece entertainment, advance, services, or anything of val are a number of exceptions to the definition of "gift Interest prepared for use with this form. (Note: The	estimate of the fair market value of each gift of more than \$100 received by you or cived by your dependent children. The term "gift" is defined as "any payment, ue unless consideration of equal or greater value has been given therefor." There. "Those exceptions are set forth in the Instructions for Statement of Financial e value of an item shall be considered to be less than \$100 if the public servant cived any amount over \$100 and the reimbursement occurs within ten (10) days
a)	X/A
	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	(description of gift)
(1.1.)	
(date)	(fair market value)
	(source of gift)
c)	(description of gift)
(date)	(fair market value)
	(source of gift)
d)	(description of gift)
	(description of girt)
(date)	(fair market value)
	(source of gift)
e)	(description of gift)
(date)	(fair market value)
	(source of gift)

or

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)		\mathcal{N}/\mathcal{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	I- NONGOVERNMENTAL SOU	RCES OF PAYMENT
List each nong	governmental source of payment of	your expenses for food, lodging, or travel which bears a relationship to your office
wnen you app	ear in your official capacity when	le expenses incurred exceed \$150.
a)	(na	le of person or organization paying expense)
	V.	(business address)
		<u> </u>
	(date of expense)	(amount of expense)
		(nature of expenditure)
0)		
	(na	e of person or organization paying expense)
		(business address)
	(date of expense)	(amount of expense)
		(nature of expenditure)

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. (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (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. (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (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 Massey

STATE OF ARKANSAS

COUNTY OF Pulask 3 ss

AMY BLEDSOE

Notary Public-Arkansas

Pulaski County

My Commission Expires 03-29-2034

Charmasion 20001306

January

, 20<u>25</u>

Notary Public

My commission expires:

03/29/2034

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.