STATEMENT OF FINANCIAL INTEREST

State/District officials file with: Cole Jester, Secretary of State 500 Woodlane Street Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548

Calendar year covered 2024
(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

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. | | | | | |
|---|---|--|--|--|--|
| SECT | ION 1- NAME AND ADDRESS | | | | |
| Name | Medlock Staci | | | | |
| | s 107 Clayent Circle (First) Ar. 72/16 | | | | |
| Phone | (Street or P.O. Box Number) (City) (State) (Zip Code) | | | | |
| | 's name | | | | |
| All nan | All names under which you and/or your spouse do business: Madfold Realty LEIMAX EITH | | | | |
| SECTI | ON 2- REASON FOR FILING File 01/31/25 13:13:39 Terri Hollingsworth | | | | |
| X | Public Official 57 Pistlict 5 Pulaski Circuit County Clerk | | | | |
| | Candidate | | | | |
| | (office sought) 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 | | | | |
| | Public appointee to State Board or Commission | | | | |
| | School Board member | | | | |
| | (name of school district) | | | | |
| | Candidate for school board | | | | |
| | 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) | | | | |

| 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 KEIMAX Elife |
| 2411 Mana of employer or source of income) 2411 Management Av. 12114 |
| (address)\\ |
| (name under which income received) |
| Provide a brief description of the nature of the services for which the compensation was received from 155100 |
| b) Check appropriate box: More than \$1,000 More than \$12,500 |
| (name of employer or source of income) 201 Broadway St #410 LR, Ar, 1220] (address) |
| (name under which income received) |
| Provide a brief description of the nature of the services for which the compensation was received 5 Pistrict 15 |
| c) Check appropriate box: More than \$1,000 We lead by More than \$12,500 |
| (name of employer or source of habone) (address) (address) |
| (name under which income received) |
| Provide a brief description of the nature of the services for which the compensation was received Kental Topetty |

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 |
|----|------------------------|----------------------|------------------------|
| | | (name of corporation | , firm or enterprise) |
| | | (addi | ress) |
| | | (name under which | n investment held) |
| b) | Check appropriate box: | ☐ More than \$1,000 | More than \$12,500 |
| | | (name of corporation | , firm or enterprise) |
| | | (add | ress) |
| | | (name under which | n investment held) |
| c) | Check appropriate box: | ☐ More than \$1,000 | More than \$12,500 |
| | | (name of corporation | , firm or enterprise) |
| | | (add | ress) |
| | | (name under whic | h investment held) |
| d) | Check appropriate box: | ☐ More than \$1,000 | ☐ More than \$12,500 |
| | | (name of corporation | a, firm or enterprise) |
| | | (add | ress) |
| | | (name under whic | h investment held) |
| e) | Check appropriate box: | ☐ More than \$1,000 | ☐ More than \$12,500 |
| | | (name of corporation | n, firm or enterprise) |
| | | (add | ress) |
| | | (name under whice | h investment held) |
| f) | Check appropriate box: | ☐ More than \$1,000 | ☐ More than \$12,500 |
| | | (name of corporation | n, firm or enterprise) |
| | | (add | ress) |
| | | (name under whic | h investment held) |

SECTION 5- OFFICE OR DIRECTORSHIP

(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) (office or directorship hald) (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.) (name of creditor) (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) (nature of the obligation) (amount owed) (address of governmental body) (name of governmental body)

(nature of the obligation)

SECTION 8- GUARANTOR OR CO-MAKER

| | your family who are your guarantors are not required to be disclosed.) |
|---|--|
| a) | (name) |
| | (address) |
| b) | (name) |
| | (address) |
| SECTION 9- GIFTS | |
| your spouse and of each gift of more than \$250 received be entertainment, advance, services, or anything of value unlare a number of exceptions to the definition of "gift." The value of the property of the value of the property of the value of the valu | by your dependent children. The term "gift" is defined as "any payment, less consideration of equal or greater value has been given therefor." There lose exceptions are set forth in the Instructions for Statement of Financial are of an item shall be considered to be less than \$100 if the public servant 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 gift) |
| (date) | (fair market value) |
| | (source of gift) |
| 5) | (description of gift) |
| (date) | (fair market value) |
| | (source of gift) |
| i) | 0.10 |
| | (description of gift) |
| (date) | (fair market value) |
| | (source of gift) |
| 2) | (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 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) | | | |
|----------------|---|--|---|
| u) | | (description of award) | |
| | (date) | | air market value) |
| | | (source of award) | |
| L | | | |
| 0) | | (description of award) | |
| | (date) | (f | air market value) |
| | | (source of award) | |
| c) | | (description of award) | |
| | (date) | (1) | fair market value) |
| • | (care) | (source of award) | |
| d) | | (description of award) | |
| | | | fair market value) |
| | (date) | | |
| | | (source of award) | |
| SECTION 11 | I- NONGOVERNMENTAL SOURCE | ES OF PAYMENT | |
| I ist anch non | governmental source of payment of you lear in your official capacity when the ex | r expenses for food, lodging, or travel | which bears a relationship to your offi |
| a) | | person or organization paying expense) | |
| | (name of | | |
| | | (business address) | \$ |
| | (date of expense) | | (amount of expense) |
| | | (nature of expenditure) | |
| b) | (name o | f person or organization paying expense) | |
| | | (business address) | \$ |
| | (date of expense) | | (amount of expense) |
| | | (nature of expenditure) | |

| SECTION 12- DIRECT REGI | LATION OF BUSINESS |
|---|---|
| List any business which employs yo | and is under direct regulation or subject to direct control by the governmental body which you serve. |
| 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) |
| List the goods or services sold to the compensation paid for each catego stockholder owning more than 10% | |
| 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)

| SECTION 14- SIGNATURE |
|--|
| I certify under penalty of false swearing that the above information is true and correct. |
| Signature |
| STATE OF ARKANSAS |
| COUNTY OF Pulash ss |
| Subscribed and sworn before me this 3184 day of fan, 20, 25 |
| (Legible Notary Seal) My Commission No. 12385093 MARGARET J. WORLOW PULASKI COUNTY NOTARY PUBLIC - ARKANSAS Notary Public |
| My commission expires: W-31-31 |

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.