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 Fax (501) 682-3548 Calendar year covered (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. Do not file this form with the Arkansas Ethics Commission.

SECTI	ON 1- NAME AND ADDRESS	4		
Name (Doller	wend		
Address	acodesimenot un	(First)	An	(Middle)
Phone	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)
	's name			
_	(Last) nes under which you and/or your spouse do business:	(First)		(Middle)
SECTI	ON 2- REASON FOR FILING			
	Public Official		File 01/3	0/25 12:20:18
	Candidate	(office held)	lerri Hol	lingsworth ircuit County Clerk
		(office sought)		
	District Judge(
	City Attorney			
	State Government: Agency Head/Department Direct			
	Chief of Staff or Chief Deputy		(name of agency/d	lepartment/division)
	(name o	f Constitutional Officer, Sen	•	entatives)
	Public appointee to State Board or Commission	(name of board	d/commission)	A
	School Board member DWWW (name)	un Special	d/commission)	121
	Candidate for school board			
	(nar	ne of school district)		_
	Public or Charter School Superintendent	of school district/school)		
	Executive Director of Education Service Cooperati	ve		
	Advertising and Promotion Commission member	(name	e of cooperative)	
		(name of adver	rtising and promotion co	mmission)
Ш	Research Park Authority Board member under A.C	.A. § 14-144-201 et seq		ch park authority board)

SEC 1	TION 2- REASON FOR FII	LING (continued)	
	Appointee to one of the fo	llowing municipal, county or regional	boards or commissions (list name of board or commission):
	☐ Utility board or commi	ssion	
	☐ Civil Service commissi	on	
SECT	TION 3- SOURCE OF INC	<u>DME</u>	
or you that co accou \$1,00	onstitute a portion of the gros	ne amounting to more than \$1,000. (The sincome of the business or profession attractors, etc. do not have to list their	your spouse, or any other person for the use or benefit of you you are not required to disclose the individual items of income a from which you or you spouse derives income. For example: individual clients.) If you receive gross income exceeding More than \$12,500 Source of income)
Provid	de a brief description of the n	(name under which i	•
b) C	heck appropriate box:	More than \$1,000 (name of employer or	More than \$12,500 source of income)
Provid	de a brief description of the n	(addres) (name under which is	s) Come received) Inpensation was received
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of employer or	source of income)
		(addres	s)
		(name under which i	ncome received)
Provid	de a brief description of the n	ature of the services for which the cor	npensation 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	☐ More than \$12,500		
		(name of corporation, f	irm or enterprise)		
		(address	s)		
_		(name under which in	envestment held)		
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of corporation, fi	rm or enterprise)		
		(address	s)		
	· · · · · · · · · · · · · · · · · · ·	(name under which in	evestment 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, fi	rm or enterprise)		
		(address	s)		
		(name under which in	evestment 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 corporation, fi	rm or enterprise)		
		(address	8)		
		(name under which in	vestment 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)	
(nar	ne of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
b)	
(nar	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 d customarily extends credit.)
a)	
	(name of creditor)
b)	(address of creditor)
.,	(name of creditor)
	(address of creditor)
c)	(name of creditor)
	(address of creditor)
SECTION 7- PAST-DUE AMOUNTS OWED	TO GOVERNMENT
	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 corextended and refinanced at	naker who has guaranteed a debt of y fter Jan. 1, 1989. Members of your f	yours that is still outstanding. (This includes debt guarantors arising of 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 gi entertainment, advance, se are a number of exceptions Interest prepared for use w reimburses the person from from the date the item was	ift of more than \$250 received by you rvices, or anything of value unless costs to the definition of "gift." Those expith this form. (Note: The value of any whom the item was received any and	the fair market value of each gift of more than \$100 received by you of the dependent children. The term "gift" is defined as "any payment, consideration of equal or greater value has been given therefor." There exceptions are set forth in the Instructions for Statement of Financial in item shall be considered to be less than \$100 if the public servant mount over \$100 and the reimbursement occurs within ten (10) days
a)	(de	escription of gift)
	(date)	(fair market value)
	((source of gift)
b)	(1	
		escription of gift)
	(date)	(fair market value)
	((source of gift)
c)	(de	escription of gift)
	(date)	(fair market value)
	((source of gift)
d)		
	(de	escription of gift)
	(date)	(fair market value)
	((source of gift)
e)	(de	escription 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 SOURCES	OF PAYMENT
List each nongovernmental source of payment of your e when you appear in your official capacity when the expe	expenses for food, lodging, or travel which bears a relationship to your officenses incurred exceed \$150.
a)	
(name of po	erson or organization paying expense)
	(business address)
(date of expense)	(amount of expense)
	(nature of expenditure)
b)	
(name of pe	erson 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 er	aploys you 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)
	han 10% of the stock of the company.
	(goods or services)
	(governmental body to whom sold)
b)	(compensation paid)
, <u></u>	(goods or services)
	(governmental body to whom sold)
c)	(compensation paid)
<u> </u>	(goods or services)
	(governmental body to whom sold)
d)	(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.

STATE OF ARKANSAS

} ss COUNTY OF MAINE

Subscribed and sworn before me this

TAMMY MOWHORTER PRAIRIE COUNTY NOTARY PUBLIC - ARKANSAS Commission Replice Merch 11, 2084 Commission No. 1238669

My commission expires:

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 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. 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.