

# 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) 682-3408

Calendar year covered 2025  
 (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.

## SECTION 1- NAME AND ADDRESS

Name	Blankenship	Joy	Ramsay
Address	11 Southern Pines Drive <small>(Last)</small>	Pine Bluff <small>(First)</small>	AR <small>(Middle)</small>
Phone	870-489-3576 <small>(Street or P.O. Box Number)</small>	 <small>(City)</small>	71603 <small>(Zip Code)</small>
Spouse's name	Blankenship <small>(Last)</small>	Ronald <small>(First)</small>	Dean <small>(Middle)</small>
All names under which you and/or your spouse do business: _____			
Ronald D and Joy R. Blankenship			

## SECTION 2- REASON FOR FILING

FILED

JAN 08 2026

Arkansas Secretary of State

- Public Official \_\_\_\_\_  
(office held)
- 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 \_\_\_\_\_  
(name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission Arkansas Motor Vehicle Commission  
(name of board/commission)
- 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)
- 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  More than \$12,500  
Arkansas' Land of Legends Travel Association, Inc. \_\_\_\_\_  
(name of employer or source of income)  
Post Office Box 8768, Pine Bluff, AR 71611 \_\_\_\_\_  
(address)  
\_\_\_\_\_ (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Executive Director of a four-col  
tourism promotion association which is one of the twelve regions for the Arkansas Department of Parks, Heritage &

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Social Security Administration \_\_\_\_\_  
(name of employer or source of income)  
3511 Market Place, Pine Bluff, AR 71601 \_\_\_\_\_  
(address)  
Joy R. Blankenship \_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Social Security Benefits

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Richland Planting Company \_\_\_\_\_  
(name of employer or source of income)  
Post Office Box 45, Moscow, AR 71659 \_\_\_\_\_  
(address)  
Ronald D. Blankenship \_\_\_\_\_  
(name under which income received)

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

**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  
\*\*\*\*\* ATTACHMENTS \*\*\*\*\*

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(name of corporation, firm or enterprise)

---

(address)

---

(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
\*\*\*\*\* ATTACHMENT \*\*\*\*\*

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(name of corporation, firm or enterprise)

---

(address)

---

(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
\*\*\*\*\* ATTACHMENT \*\*\*\*\*

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(name of corporation, firm or enterprise)

---

(address)

---

(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
\*\*\*\*\* ATTACHMENT \*\*\*\*\*

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(name of corporation, firm or enterprise)

---

(address)

---

(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
\*\*\*\*\* ATTACHMENT \*\*\*\*\*

---

(name of corporation, firm or enterprise)

---

(address)

---

(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
\*\*\*\*\* ATTACHMENT \*\*\*\*\*

---

(name of corporation, firm or enterprise)

---

(address)

---

(name under which investment 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) Preserve Arkansas, Inc.  
\_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
231 East 25th Street, Little Rock, AR  
\_\_\_\_\_  
(address)  
Secretary of the Board  
\_\_\_\_\_  
Joy Blankenship (office or directorship held)  
\_\_\_\_\_  
(name of office holder)

b) \_\_\_\_\_  
\_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
\_\_\_\_\_  
Joy Blankenship (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) \_\_\_\_\_  
\_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)  
b) \_\_\_\_\_  
\_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(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 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.

a) N/A  
\_\_\_\_\_  
(name of governmental body) (address of governmental body)  
\_\_\_\_\_  
(amount owed) (nature of the obligation)  
b) \_\_\_\_\_  
\_\_\_\_\_  
(name of governmental body) (address of governmental body)  
\_\_\_\_\_  
(amount owed) (nature of the obligation)



**SECTION 10- AWARDS**

If you are an employee of a public school district, the Arkansas School for the Deaf and Blind, 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) N/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 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) N/A  
\_\_\_\_\_  
(name of person or organization paying expense)  
\_\_\_\_\_  
(business address)  
\_\_\_\_\_  
(date of expense) \_\_\_\_\_ \$ \_\_\_\_\_ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

b) \_\_\_\_\_  
\_\_\_\_\_  
(name 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.

- a) N/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)

**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.

- a) N/A  
\_\_\_\_\_ (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)
- b) N/A  
\_\_\_\_\_ (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)
- c) N/A  
\_\_\_\_\_ (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)
- d) N/A  
\_\_\_\_\_ (goods or services)  
\_\_\_\_\_ (governmental body to whom sold)  
\_\_\_\_\_ (compensation paid)

**SECTION 14- SIGNATURE**

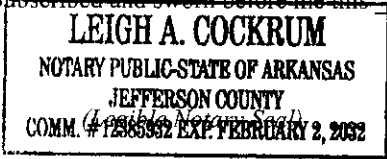
I certify under penalty of false swearing that the above information is true and correct.

*Joy Ransay Blaukenship*  
Signature

STATE OF ARKANSAS

COUNTY OF Jefferson } ss

Subscribed and sworn before me this 8<sup>th</sup> day of January, 2026.



*Leigh A. Cockrum*  
Notary Public

My commission expires: February 2, 2032

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.
- Executive directors of education service cooperatives file with the county clerk.

**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.

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.

Page 1 of 4 Attachment to Statement of  
Financial Interest ( Calendar Year 2025)  
Joy R. Blankenship- Section 4- Business  
Holdings

	More than \$ 12,500
1. Alma Ark Sales & Use Tax DTD. Joy R. Blankenship	More than \$ 12,500
2. Celtic BK, Salt Lake City, UT DTD Joy R. Blankenship	More than \$ 12,500
3. Discover BK DTD NASDAQ Joy R. Blankenship	More than \$ 1,000
4. Federated Hermes INSTL HIYD NYSE Joy R. Blankenship	More than \$1,000
5. Federate Hermes TTL Return BD. NASDAQ Joy R. Blankenship	More than \$ 12,500
6. Flagstar BK Natl Assn Hicks VI NYSE Joy R. Blankenship	More than \$12,500
7. Goldman Sachs Group, Inc. DTD Joy R. Blankenship	More than \$ 12,500
8. Guggenheim Total Return Bond Joy R. Blankenship	More than \$12,500
9. Morgan Stanley FIN LLC DTD Joy R. Blankenship	More than \$ 12,500
10. Morgan Stanley Private Bank NATII Joy R. Blankenship	More than \$12,000
11. Synchrony Bank DTD Joy R. Blankenship	More than \$ 12,500
12. Target Corp SR GLBL NT DTD NYSE Joy R. Blankenship	More than \$ 1,000
13. Abbvie, Inc SR NT Com NYSE Joy R. Blankenship	

Page 2 of 4 Attachments to Statement of  
Financial Interest Calendar Year 2025)  
Joy R. Blankenship- Section 4- Business or  
Holdings ( Continued)

14. American Electric Power, Inc Joy R. Blankenship	More than \$ 1,000
15. Bristol-Myers Squibb Co NYSE Joy R. Blankenship	More than \$ 1,000
16. Coterra Energy Inc.Com NYSE Joy R. Blankenship	More than \$ 12,500
17. Chevron Corp New. NYSE Joy R. Blankenship	More than \$12,500
18. Coca Cola Com NYSE Joy R. Blankenship	More than \$ 12,500
19. Exxon Mobil. NYSE Joy R. Blankenship	More than \$ 12,500
20. Genuine Parts Co NYSE Joy R. Blankenship	More than \$ 1,000
21. Gilead Sciences, Inc NYSE Joy R. Blankenship	More than \$ 12,500
22. International Business Machines NYSE Joy R. Blankenship	More than \$12,500
23. Simmons First National Corp. NASDAQ Joy R. Blankenship	More than \$ 12,500
24. Johnson & Johnson NYSE Joy R. Blankenship	More than \$12,500
25. Kimberly Clark Corp NYSE Joy R. Blankenship	More than \$ 12,500

Page 3 of 4- Attachments to Statement of  
Financial Interest

( Calendar year 2025)

Joy R. Blankenship- Section 4- Business  
or Holdings (continued)

	More than \$ 12,500
26. Merk & CO Inc NYSE Joy R. Blankenship	More than \$ 1,000
27. Murphy Oil Corp NYSE Joy R. Blankenship	More than \$ 12,500
28. Pfizer Inc NYSE Joy R. Blankenship	More than \$ 1,000
29. Phillips 66 NYSE Joy R. Blankenship	More than \$ 1,000
30. Vanguard FTSE Markets ETF NYSE Joy R. Blankenship	More than \$ 1,000
31. Vanguard Emerging Mkts NYSE Joy R. Blankenship	More than \$12,500
32. Walmart INC NYSE Joy R. Blankenship	More than \$ 12,500
33. Verizon Communications NASDAQ Joy R. Blankenship	More than \$ 12,500
34. Federated INST High Yield Bond Fund NASDAQ Joy R. Blankenship	More than \$1,000
35. 28 <sup>th</sup> Street Properties 1/10 <sup>th</sup> Interest Joy R. Blankenship	More than \$ 12,500

Page 4 of 4— Attachments to Statement of  
Financial Interest (Calendar Year 2025)

Section 4-Business or Holdings

(continued)

36. Simmons Bank  
501 Main Street  
Pine Bluff, AR 71601  
Joy R Blankenship      More than \$ 12,500
37. Relyance Bank  
8500 Sheridan Road  
White Hall, AR 71602  
Joy R. Blankenship      More than \$1,000
38. Richland Planting Company  
Post Office Bos 45  
Moscow, AR 72659  
Joy R. Blankenship      More than \$ 12,500
39. Ramsay Family Limited  
Partnership  
c/o Simmons Wealth  
Management  
501 Main Street,  
Pine Bluff, Arkansas 71601  
Joy R. Blankenship      More than \$ 12,500
40. Joy Ramsay Blankenship  
Family LLC  
c/o Simmons Wealth  
Management  
501 Main Street,  
Pine Bluff, Arkansas 71601  
Joy R. Blankenship      More than \$ 12,500