

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 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 Lankford Dianna Lynn
(Last) (First) (Middle)
Address 4400 SW Beech Lane Bentonville AR 72713
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 731-571-2297
Spouse's name Lankford James Edward
(Last) (First) (Middle)
All names under which you and/or your spouse do business: Dianna & James Lankford
Dianna & Eddie Lankford

SECTION 2- REASON FOR FILING

- 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 Veterans 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)

FILED
JAN 31 2026
Arkansas Secretary of State

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 Veterans
 - 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

Social Security Administration
(name of employer or source of income)

6401 Security Blvd Baltimore, MD 21235
(address)

Dianna L. Lankford
(name under which income received)

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

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

Social Security Administration
(name of employer or source of income)

6401 Security Blvd Baltimore, MD 21235
(address)

James E. Lankford
(name under which income received)

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

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

United States of Personal Management Retirement Operations
(name of employer or source of income)

P.O. Box 45 Bowers PA 16017-0045
(address)

James E. Lankford
(name under which income received)

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

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

U.S. Postal Service Thrift Savings Plan
(name of employer or source of income)
P.O. Box 1600 Newark, NJ 07101-1600
(address)
James E. Lankford
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received RMD - retirement

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

Raymond James Financial Services, Inc
(name of employer or source of income)
881 Carillon Parkway, St. Petersburg, FL 33716
(address)
James E. Lankford
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received RMD - IRA Retirement

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

First National Bank
(name of employer or source of income)
300 SE Walton Blvd Bentonville, AR 72713
(address)
Diana Lankford (IRA) James & Diana Lankford (CD)
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received RMD (IRA) Certificate of Deposit

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

Generation Bank
(name of employer or source of income)
1325 Hwy 278 By Pass, Camden, AR
(address)
Dianna Lankford (IRA RMD) James + Dianna CD
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received IRA RMD & CD

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

Sterling Bank
(name of employer or source of income)
1100 Sterling Drive Poplar Bluff, Mo. 63901
(address)
Dianna Lankford IRA (RMD) James + Dianna CD
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received IRA (RMD) CD

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

Citizens Bank
(name of employer or source of income)
P.O. Box 2156 - Batesville, AR 72503
(address)
James + Dianna - Money Market & CD
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Money Market & CD

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

Central Bank
(name of employer or source of income)
3001 SE J Street Bentonville, AR 72712
(address)
James & Dianna Lankford
(name under which income received)

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

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

Department Veterans Affairs
(name of employer or source of income)
P.O. Box 4444 Janesville, WI 53547-4444
(address)
James E. Lankford
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Compensation Agent Orange

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

BNY Mellon Distribution Agent General Mills
(name of employer or source of income)
P.O. Box 64116 The Woodlands, TX 77380 4116
(address)
Dianna Lankford
(name under which income received)

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

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

United Bank
(name of employer or source of income)
P.O. Box 1234 Springdale, AR 72765
(address)
Diana Hankford & James E Hankford
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Money market accounts

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

Bank Ozk
(name of employer or source of income)
P.O. Box 196 Ozark, AR 72949
(address)
James & Dianna Hankford
(name under which income received)

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

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

(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

"Not Applicable"

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)

(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 corporation, firm or enterprise)

(address)

(name under which investment held)

SECTION 8- GUARANTOR OR CO-MAKER

"Not Applicable"

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

a) _____
(name)

_____ (address)

b) _____
(name)

_____ (address)

SECTION 9- GIFTS

"Not Applicable"

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

a) _____
(description of gift)

_____ (date) (fair market value)

_____ (source of gift)

b) _____
(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 12- DIRECT REGULATION OF BUSINESS

"Not Applicable"

List any business which employs 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)

SECTION 13- SALES TO GOVERNMENTAL BODY

"Not Applicable"

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) _____
(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.

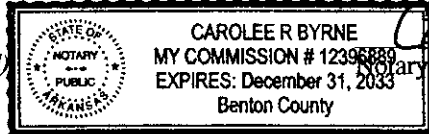
Dianna L. Langford
Signature

STATE OF ARKANSAS

COUNTY OF Benton } ss

Subscribed and sworn before me this 30th day of January, 2026.

(Legible Notary Seal)



Carolee R. Byrne
Notary Public

My commission expires: 12/31/2033

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.