

# STATEMENT OF FINANCIAL INTEREST

For assistance in completing

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)

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 Riley Terisa Cheryl  
(Last) (First) (Middle)  
Address 6812 Hestand Lane Fort Smith AR 72903  
Phone (361) 443-9302

Spouse's name Maestas, Ricardo T.  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Dr. Terisa C. Riley Dr. Ricardo T. Maestas

**FILED**

JAN 30 2026

Arkansas Secretary of State

SECTION 2- REASON FOR FILING  Public Official

- Candidate (office held)
- District Judge (office sought)
- City Attorney (name of district)
- State Government: Agency Head/Department Director/Division Director University of Arkansas-Fort Smith  
(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)

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  
University of Arkansas Fort Smith  
\_\_\_\_\_ (name of employer or source of income)  
5210 Grand Avenue, PO Box 3649, Fort Smith, AR 72903  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (name under which income received)

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

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Arvest Bank  
\_\_\_\_\_ (name of employer or source of income)  
5000 Rogers Avenue, Fort Smith, AR 72903  
\_\_\_\_\_ (address)  
Dr. Terisa Riley  
\_\_\_\_\_ (name under which income received)

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

**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

New Mexico Educational Retirement Board

(name of employer or source of income)

701 Camino De Los Marquez, Santa Fe, NM 87505

(address)

Ricardo T. Maestas

(name under which income received)

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

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

Teacher Retirement System of Texas

(name of employer or source of income)

1000 Red River Street, Austin, TX 78701

(address)

Ricardo T. Maestas

(name under which income received)

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

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

U.S Social Security Administration

(name of employer or source of income)

Washington D.C.

(address)

Ricardo T. Maestas

(name under which income received)

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

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

Pinnacle Evaluation Services

(name of employer or source of income)

9 West Pinnacle Drive, Rogers, Arkansas 72758

(address)

Ricardo T. Maestas

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Program Evaluator – Private Contractor

**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

Arvest Bank

(name of corporation, firm or enterprise)

5000 Rogers Avenue, Fort Smith, AR 72903

(address)

Terisa C. Riley

(name under which investment held)

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

Wells Fargo Bank

(name of corporation, firm or enterprise)

P.O. Box 6995 Portland OR 97228

(address)

Terisa C. Riley

(name under which investment held)

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

Fidelity Brokerage Services

(name of corporation, firm or enterprise)

900 Salem Street, Smithfield RI 02917

(address)

Dr. Terisa C. Riley

(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 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) Arvest Bank, Fort Smith Region

(name of business, corporation, firm, or enterprise)

5000 Rogers Avenue, Fort Smith, AR 72903

(address)

Director

(office or directorship held)

Dr. Terisa Riley

(name of office holder)

b)

(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.)

a)

(name of creditor)

Director

(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)

(name of governmental body)

(address of governmental body)

(amount owed)

(nature of the obligation)

b)



(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 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)

(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) UAFS Foundation

(name of person or organization paying expense)

5210 Grand Avenue, Fort Smith, 72903

(business address)

July 2025

\$ 7500

(amount of expense)

(date of expense)

Community leader trip to support F35 Mission in Fort Smith

(nature of expenditure)

b)

(name of person or organization paying expense)

(date)

(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)

(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)

(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)

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.

**SECTION 14- SIGNATURE**

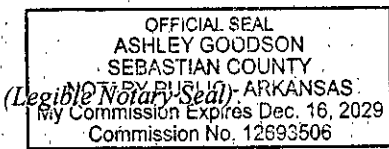
I certify under penalty of false swearing that the above information is true and correct.

*Jelisa C Riley*  
Signature

STATE OF ARKANSAS

COUNTY OF Sebastian } ss

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



*Ashley Goodson*  
Notary Public

My commission expires: 12/16/2029

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.

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. Revised 08/2025

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.

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