

# 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 2026  
(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    X 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	Finley	James	Robert
	(Last)	(First)	(Middle)
Address	PO Box 1300	Mtn Home	AR
	(Street or P.O. Box Number)	(City)	(State)
Phone	870-404-6700		72653
			(Zip Code)
Spouse's name	Finley	Nicki	Sue
	(Last)	(First)	(Middle)

All names under which you and/or your spouse do business: Rob Finley

## 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 Arkansas Game and Fish 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 25 2026**

**Arkansas  
Secretary of State**



**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  
F5 Farms LLC  
1525 Old Military Road Mountain Home,  
AR 72653 James Rob Finley

(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Supreme Manufacturing PO Box  
1220  
Mountain Home, AR 72654 James Rob  
Finley

(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
F5 Cabins LLC  
848 CR 703  
Cotter, AR 72626 James  
Rob Finley

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Rob Finley Realtor  
House of Realty  
PO Box 1300  
Mountain Home, AR 72654  
James Rob Finley

e) Check appropriate box:  More than \$1,000  More than \$12,500  
RIP Investment, LLC  
1525 Old Military Road  
Mountain Home, AR 72653  
James Rob Finley

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Generations Bank  
3665 N. Investment Drive  
Fayetteville, AR 72703  
James Rob Finley

(name under which investment held)

g) g) Check appropriate box:  More than \$1,000  More than \$12,500  
F5 Construction  
PO Box 1300  
Mountain Home, AR 72654  
James Rob Finley

(name under which investment held)

- h) Check appropriate box:  More than \$1,000 X More than \$12,500  
 Supreme MFG  
 54 Dillard Drive  
 Mountain Home, AR 72653  
 Rob Finley
- i) Check appropriate box:  More than \$1,000 X More than \$12,500  
 Flying Hawg Aviation  
 PO Box 1300  
 Mountain Home, AR 72654  
 James Rob Finley
- j) Check appropriate box:  More than \$1,000 X More than \$12,500  
 FiveWise Investments  
 PO Box 1300  
 Mountain Home, AR 72654  
 James Rob Finley
- k) Check appropriate box:  More than \$1,000 X More than \$12,500  
 North Arkansas Truck &  
 Equipment Sales  
 1227 Commerce Drive  
 Mountain Home, AR 72653  
 James Rob Finley
- l) Check appropriate box:  More than \$1,000 X More than \$12,500  
 F5 Construction LLC  
 PO Box 1300  
 Mountain Home, AR 72654  
 James Rob Finley
- m) Check appropriate box:  More than \$1,000 X More than \$12,500  
 Black Lab Investments LLC  
 PO Box 1300  
 Mountain Home, AR 72654  
 James Rob Finley
- n) Check appropriate box:  More than \$1,000 X More than \$12,500  
 TitanBuilt Industries, Inc  
 PO Box 1300  
 Mountain Home, AR 72654  
 James Rob Finley

**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) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(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)  
\_\_\_\_\_  
(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) \_\_\_\_\_  
(name of governmental body) (address of governmental body)  
\_\_\_\_\_  
(amount owed) (nature of the obligation)





**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)

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



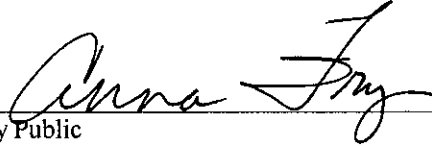
STATE OF ARKANSAS

COUNTY OF Dartmouth } ss

Subscribed and sworn before me this 25<sup>th</sup> day of January, 2026.

(Legible Notary Seal)

Notary Public



My commission expires: May 2, 2031

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.