

# 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 2024  
(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 S.W. 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 E. Lankford  
Dianna & Eddie Lankford

## SECTION 2- REASON FOR FILING

**FILED**

- Public Official \_\_\_\_\_ (office held) **JUN 10 2025**
- Candidate \_\_\_\_\_ (office sought) **Arkansas**
- District Judge \_\_\_\_\_ (name of district) **Secretary of State**
- City Attorney \_\_\_\_\_ (name of city)
- State Government: Agency Head/Department Director/Division Director \_\_\_\_\_ (name of agency/department/division)
- Chief of Staff or Chief Deputy Veterans Commission \_\_\_\_\_ (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

Social Security Administration  
(name of employer or source of income)  
6401 Security Blvd Baltimore, MD 21235  
(address)  
Dianna 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 Personnel Management Retirement Operations  
(name of employer or source of income)  
P.O. Box 45 Boyers, 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 Postal Service

**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 \_\_\_\_\_

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- 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

\_\_\_\_\_ Chambers Bank \_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_ 4201 New Hope Rd. Rogers, AR 72758 \_\_\_\_\_  
(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

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

\_\_\_\_\_ Bank Ozk \_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_ 1010 SE Walton Blvd. 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

**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

Department Veterans Affairs

(name of employer or source of income)

P.O. Box 4444 Jonesville, WI 53547 - 4444

(address)

James 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

- b) 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 72712

(address)

Dianna Lankford (IRA) James + Dianna (CO)

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Certificate of Deposit and Required Min Distribution IRA

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

Generation Bank

(name of employer or source of income)

600 SW 41st Street - Bentonville, AR 72713

(address)

Dianna Lankford (IRA) James + Dianna (CO)

(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Certificate of Deposit and Required Min Distribution IRA

**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

Citizens Bank

(name of employer or source of income)

3350 S. Pinnacle Hills - Rogers, AR 72758

(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 Money Market

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

United Bank

(name of employer or source of income)

2411 SW 14th 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 Checking Accounts earnings

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

Series E Saving Bonds

(name of employer or source of income)

Treasury Retail Security Services P.O. Box 9150, Minneapolis, MN 55480-9150

(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 Reclaimed Maturity Saving Bond

**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

Buy 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

- b) 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 385021 Birmingham AL 35238  
(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

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

Raymond James Financial Services, Inc.  
(name of employer or source of income)

880 Catillon 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 Required min Distribution IRA

**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.

*"Not Applicable"*

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 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 G. Sanford  
Signature

STATE OF ARKANSAS

COUNTY OF Benton } ss

Subscribed and sworn before me this 5th day of June, 2025.

(Legible Notary Seal)



Darlene M Gassman  
Notary Public

My commission expires: 3.1.2028

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.