

# 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 RIKLON, SHELDON  
(Last) (First) (Middle)  
Address 4107 N. HUNGATE LN, FAYETTEVILLE, AR 72703  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 479-276-1317  
Spouse's name RIKLON, LYNDA ALLEN  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: AS ABOVE

## 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 MINORITY HEALTH 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**

**SEP 16 2025**

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 \_\_\_\_\_
  - 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 FOR MEDICAL SCIENCES  
(name of employer or source of income)  
4301 W. MARTHAM ST, LITTLE ROCK, AR 72205  
(address)  
SHELDON RIKLON  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received PROFESSOR + TEACHING

b) Check appropriate box:  More than \$1,000  More than \$12,500  
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
(name of employer or source of income)  
4301 W. MARTHAM ST, LITTLE ROCK, AR 72205  
(address)  
LYNDA RIKLON  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received SPOUSE INCOME TRANSLATOR

c) Check appropriate box:  More than \$1,000  More than \$12,500  
COMMUNITY CLINIC OF NWA  
(name of employer or source of income)  
614 E. JEMMA AVENUE, SPRINGDALE, AR 72764  
(address)  
SHELDON RIKLON  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received PRIMARY CARE PROVIDER

(SEE ADDITIONAL PAGE)

**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 STOCKS  
(name of corporation, firm or enterprise)  
913 W. MONROE NE / PO BOX 799, LOWELL, AR 72745  
(address)  
SHELDON RIKLON  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
UNIVERSITY OF HAWAII FED CREDIT UNION  
(name of corporation, firm or enterprise)  
PO BOX 22070, HONOLULU, HI 96823  
(address)  
SHELDON RIKLON  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
ARVEST BANK  
(name of corporation, firm or enterprise)  
PO BOX 1670, LOWELL, AR 72745  
(address)  
SHELDON RIKLON  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
BANK OF GUAM  
(name of corporation, firm or enterprise)  
PO BOX BW, HAGATNA, GU 96932  
(address)  
LYNDA RIKLON  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
UARK FED CREDIT UNION  
(name of corporation, firm or enterprise)  
50 W VAN ASHLE, FAYETTEVILLE, AR 72703  
(address)  
SHELDON RIKLON  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
HAWAII USA FED CREDIT UNION  
(name of corporation, firm or enterprise)  
95-221 KIPAPA DR, MILILANI, HI 96789  
(address)  
LYNDA RIKLON  
(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  
(name of business, corporation, firm, or enterprise)  
913 W MONROE AVE / POB 799 LOWELL, AR 72745  
(address)  
BOARD OF DIRECTOR  
(office or directorship held)  
SHELDON RIKLON  
(name of office holder)

b) CIRCLE OF LIFE HOSPICE  
(name of business, corporation, firm, or enterprise)  
901 JONES RD, SPRINGDALE, AR 72762  
(address)  
BOARD OF DIRECTOR  
(office or directorship held)  
SHELDON RIKLON  
(name of office holder)

(SEE ADDITIONAL PAGE)

**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) NOT APPLICABLE  
(name of creditor)

(address of creditor)

b) NOT APPLICABLE  
(name of creditor)

(address of creditor)

c) NOT APPLICABLE  
(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) NOT APPLICABLE  
(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

b) NOT APPLICABLE  
(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

**SECTION 8- GUARANTOR OR CO-MAKER**

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) NOT APPLICABLE  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)
- b) NOT APPLICABLE  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

**SECTION 9- GIFTS**

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) NOT APPLICABLE  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)
- b) NOT APPLICABLE  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)
- c) NOT APPLICABLE  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)
- d) NOT APPLICABLE  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)
- e) NOT APPLICABLE  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(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 Blind, the Arkansas School for the Deaf, 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) NOT APPLICABLE  
 \_\_\_\_\_ (description of award)  
 \_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
 \_\_\_\_\_ (source of award)
- b) NOT APPLICABLE  
 \_\_\_\_\_ (description of award)  
 \_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
 \_\_\_\_\_ (source of award)
- c) NOT APPLICABLE  
 \_\_\_\_\_ (description of award)  
 \_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)  
 \_\_\_\_\_ (source of award)
- d) NOT APPLICABLE  
 \_\_\_\_\_ (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) UNIVERSITY OF IOWA HEALTH CARE  
 \_\_\_\_\_ (name of person or organization paying expense)  
200 HAWKINS DR, IOWA CITY, IA 52242  
 \_\_\_\_\_ (business address)  
JAN 18-20, 2024 \_\_\_\_\_ \$ 1,500  
 (date of expense) \_\_\_\_\_ (amount of expense)  
 \_\_\_\_\_ PEDIATRIC GRAND ROUNDS  
 \_\_\_\_\_ (nature of expenditure)
- b) RESEARCH CORP OF THE UNIVERSITY OF HAWAII  
 \_\_\_\_\_ (name of person or organization paying expense)  
1601 EAST-WEST RD, HONOLULU, HI 96848  
 \_\_\_\_\_ (business address)  
MAR 2-6, 2024 \_\_\_\_\_ \$ 2,800  
 (date of expense) \_\_\_\_\_ (amount of expense)  
 \_\_\_\_\_ PIKO EXTERNAL ADVISORY CMTTEE MTG  
 \_\_\_\_\_ (nature of expenditure)

(SEE ADDITIONAL PAGE)

**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) PETER O. KOHLER, MD ENDOWED CHAIR IN HEALTH DISPARITIES  
(name of business)  
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
(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) NOT APPLICABLE  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)

b) NOT APPLICABLE  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)

c) NOT APPLICABLE  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)

d) NOT APPLICABLE  
(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.

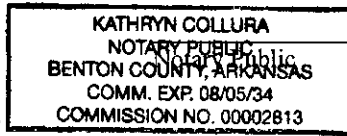
*[Handwritten Signature]*  
Signature

STATE OF ARKANSAS

COUNTY OF Benton } ss

Subscribed and sworn before me this 16 day of September, 2025

(Legible Notary Seal)



*Kathryn Collura*

My commission expires: 8/5/34

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.

**Sheldon Riklon**

Section 3: Additional Sources of Income

<b>Source</b>	<b>Description</b>	<b>Amount</b>
Arvest Bank 913 W Monroe Ave PO Box 799 Lowell, AR 72745 Sheldon Riklon	Board of directors	more than \$1000.00
Crescent Community Health Ctr 1690 Elm St, suite 300 Dubuque, IA 52001 Lynda Riklon	Spouse income/translator	more than \$1000.00

Section 5: Additional Office or Directorship

<b>Name</b>	<b>Office/Directorship Held</b>
Arkansas Advocates for Children and Families 614 East Emma, Suite 235 Springdale, AR 72764 Sheldon Riklon	Board of director

Section 11: Additional Nongovernmental Sources of Payment

<b>Source</b>	<b>Nature of expense</b>	<b>Amount/Date</b>
Asian Pacific Islander American Health Forum 461 Bush Street, Suite 400 San Francisco, CA 94108	Board of directors meeting	\$4,000/March 6 – 10, 2024
Heartland Regional Genetics Network 4301 W Markham St Little Rock, AR 72205	Video voice-over	\$750/June 20 – 21, 2024

Asian Pacific Islander American  
Health Forum  
461 Bush Street, Suite 400  
San Francisco, CA 94108

Board of directors meeting \$2,000/July 16 – 19, 2024

Pacific Health Research  
& Education Institute/CPIVH  
3375 Koapaka St, Ste B-220  
Honolulu, HI 96819

Advisory Council retreat \$1,800/Aug 27 – 31, 2024

NYIT College of Medicine  
Wilson Hall, Suite 424  
Jonesboro Campus

med student presentation \$450/Sep 22-24, 2024

Asian Pacific Islander American  
Health Forum  
461 Bush Street, Suite 400  
San Francisco, CA 94108

Board of directors meeting \$2,000/July 16 – 19, 2024