

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) 682-3408

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 McCullough Tippi Lynn
(Last) (First) (Middle)
 Address 711 N. Spruce St. Little Rock AR 72205
(Street or P.O. Box Number) (City) (State) (Zip Code)
 Phone 501-766-3177
 Spouse's name Mariana Barbara Carmen
(Last) (First) (Middle)
 All names under which you and/or your spouse do business: Tippi McCullough, Barbara Mariani

SECTION 2- REASON FOR FILING

- Public Official State Representative - HD 74
(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 _____
(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
 FEB 02 2026

Arkansas Secretary of State

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

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 your 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
- State of Arkansas - Auditor's office
(name of employer or source of income)
203 State Capitol, Little Rock, AR 72201
(address)
Tippi L. McCullough
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received State Representative, HD 74

- b) Check appropriate box: More than \$1,000 More than \$12,500
- AR Coalition Against Domestic Violence
(name of employer or source of income)
124 W. Capitol Ave., Suite 885, Little Rock, AR 72202
(address)
Barbara Mariani
(name under which income received)

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

- c) Check appropriate box: More than \$1,000 More than \$12,500
- Arkansas Teacher Retirement
(name of employer or source of income)
1400 W. 3rd St., Little Rock, AR 72201
(address)
Tippi McCullough
(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 your 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.

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

AR Public Employees Retirement System
 (name of employer or source of income)
124 W. Capitol Ave., #400, Little Rock, AR 72201
 (address)
Barbara Mariani
 (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

 (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 _____

- 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

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
Edward Jones Investments
(name of corporation, firm or enterprise)
10800 Financial Centre Parkway, Ste 270, Little Rock, AR 72211
(address)
Tippi McCullough and Barbara Mariani
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Edward Jones Investments
(name of corporation, firm or enterprise)
10800 Financial Centre Parkway, Ste 270, Little Rock, AR 72211
(address)
Tippi McCullough
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
Edward Jones Investments
(name of corporation, firm or enterprise)
10800 Financial Centre Parkway, Ste 270, Little Rock, AR 72211
(address)
Barbara Mariani
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
Edward Jones Investments
(name of corporation, firm or enterprise)
10800 Financial Centre Parkway, Ste 270, Little Rock, AR 72211
(address)
Tippi McCullough
(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
AR Diamond Deferred Compensation Plan
(name of corporation, firm or enterprise)
State of AR Retirement
(address)
Barbara Mariani
(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 14- SIGNATURE

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

[Signature]
Signature

STATE OF ARKANSAS

COUNTY OF Pulaski } ss

Subscribed and sworn before me this 2nd day of Feb., 20 26.

MIA MOSLEY
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires September 22, 2035
Commission No. 00008038

[Signature]
Notary Public

My commission expires: 9/22/2035

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.
- * 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.