

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 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 Mankey Tina Ann
(Last) (First) (Middle)
Address 1626 Greenwood Circle Conway AR 72034
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 501-269-0970
Spouse's name Mankey Darrell Lynn
(Last) (First) (Middle)
All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

- Public Official _____ (office held) **FILED**
- Candidate _____ (office sought) **JAN 24 2025**
- District Judge _____ (name of district) **Arkansas Secretary of State**
- City Attorney _____ (name of city) **UCA, Department of Occupational Therapy**
- State Government: Agency Head/Department Director/Division Director **Occupational Therapy**
(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 Central Arkansas
(name of employer or source of income)
201 Donaghey Avenue, Conway AR 72035
(address)
Tina A. Mankey
(name under which income received)

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

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

US Social Security
(name of employer or source of income)
(address)
Darrell L. mankey
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received retired + getting SS benefits

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

Occupational Therapy of Conway
(name of employer or source of income)
1626 Greenwood Circle Conway AR 72034
(address)
Tina A. Mankey
(name under which income received)

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

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
Occupational Therapy of Conway, Inc
(name of corporation, firm or enterprise)
1626 Greenwood Circle, Conway AR 72034
(address)
Tina A. Mankey
(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 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.

n/A

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) AR Federal Credit Union
(name of creditor)
2895 Dave Ward Drive, Conway, AR 72034
(address of creditor)

b) Wells Fargo
(name of creditor)
PO Box 6995, Portland, OR 97228
(address of creditor)

c) US Bank
(name of creditor)
1122 Van Ronkle St, Conway, AR 72034
(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.

n/A

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 8- GUARANTOR OR CO-MAKER

N/A

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) _____
(name)

_____ (address)

b) _____
(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) _____ (description of gift)

N/A

_____ (date) _____ (fair market value)

_____ (source of gift)

b) _____ (description of gift)

_____ (date) _____ (fair market value)

_____ (source of gift)

c) _____ (description of gift)

_____ (date) _____ (fair market value)

_____ (source of gift)

d) _____ (description of gift)

_____ (date) _____ (fair market value)

_____ (source of gift)

e) _____ (description of gift)

_____ (date) _____ (fair market value)

_____ (source of gift)

SECTION 12- DIRECT REGULATION OF BUSINESS

N/A

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) Contract - Occupational Therapy Services
(goods or services)
Conway Human Development Center / DHS
(governmental body to whom sold)
> \$100,000
(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)

