

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 2023
 (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 Hennessey Daniel James
(Last) (First) (Middle)
 Address 806 Soldera Rd Tontitown AR 72762
(Street or P.O. Box Number) (City) (State) (Zip Code)
 Phone 501-951-0979

Spouse's name Hennessey Elizabeth Stewart
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Daniel Hennessey Daniel J. Hennessey
Dan Hennessey Elizabeth S. Hennessey Elizabeth Hennessey
Beth Hennessey

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 ARK. ST. BD. of Optometry (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 2024

**Arkansas
Secretary of State**

Note: I also serve on the Ark Board of Dispensing Opticians and Baby Sharon Fund, my term on both of those boards have expired.

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 DISABILITY
 (name of employer or source of income)
Office of Public Inquiries 1100 West High Rise 6401 Security Blvd Baltimore, MD
 (address) 21235
Elizabeth S. Hennessey
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received No services - disability

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

Metropolitan Life (MetLife)
 (name of employer or source of income)
Sutter Health was the employer through which the provided disability policy
PO Box 14590 Lexington, KY 40512-4950
 (address)
Elizabeth S. Hennessey
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Address: PO Box 1389 Port Washington, PA 19034
Employer provided Disability Policy

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

Morgan Stanley
 (name of employer or source of income)
1721 Avenue of the Americas, 5th Floor NY NY 10020
 (address)
Daniel J. Hennessey and Elizabeth S. Hennessey
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Money withdrawn from our own accounts

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

Morgan Stanley
(name of corporation, firm or enterprise)
1221 Avenue of the Americas 5th Floor NY NY 10020
(address)
Daniel J. Hennessey
(name under which investment held)

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

Morgan Stanley
(name of corporation, firm or enterprise)
see (a) above
(address)
Daniel J Hennessey and Elizabeth S. Hennessey
(name under which investment held)

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

Morgan Stanley
(name of corporation, firm or enterprise)
see (a) above
(address)
Elizabeth Hennessey
(name under which investment held)

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

Sutter Health
(name of corporation, firm or enterprise)
see (a) above
(address)
Elizabeth S. Hennessey
(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 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) _____ (name)
_____ (address)
N/A

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)
_____ (date) _____ (fair market value)
N/A
_____ (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 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) _____ (description of award)
 _____ (date) N/A _____ (fair market value)
 _____ (source of award)

b) _____ (description of award)
 _____ (date) _____ (fair market value)
 _____ (source of award)

c) _____ (description of award)
 _____ (date) _____ (fair market value)
 _____ (source of award)

d) _____ (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) Association of Regulatory Boards of Optometry
(name of person or organization paying expense)
3440 Toringdom Way, Suite 205 PMB# 20533 Charlotte NC
(business address) 28277
June 17-24, 2023 \$ 5908
(date of expense) (amount of expense)
Registration and Travel Expenses ARBO meeting
(nature of expenditure)

b) _____ (name of person or organization paying expense)
 _____ (business address)
 _____ (date of expense) \$ _____ (amount of expense)
 _____ (nature of expenditure)

SECTION 14- SIGNATURE

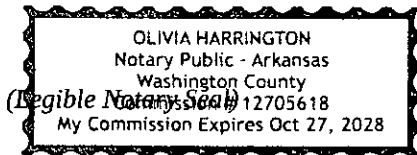
I certify under penalty of false swearing that the above information is true and correct.

Daniel James Hennessey
Signature

STATE OF ARKANSAS

COUNTY OF Washington) ss

Subscribed and sworn before me this 25 day of January, 2024.



[Signature]
Notary Public

My commission expires: 10/27/28

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.