

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 HENLEY VERNARD WILLIAM
(Last) (First) (Middle)
Address 9 LEVANT DRIVE LITTLE ROCK, AR 72212
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 504-228-2112
Spouse's name HENLEY OGENIA JACKSON
(Last) (First) (Middle)
All names under which you and/or your spouse do business: NOT APPLICABLE

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 GOVERNORS ADVISORY COMMISSION ON NATIONAL SERVICE AND VOLUNTEERISM
(name of board/commission)
- School Board member ESTEM PUBLIC CHARTER SCHOOL
(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 28 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

NATIONAL FINANCIAL SERVICES LLC
(name of employer or source of income)
P.O. Box 28019, ALBUQUERQUE, NM 87125-8019
(address)
VERNARD W HENLEY
(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
VALIC FINANCIAL ADVISORS, LLC
(name of corporation, firm or enterprise)
P.O. Box 219750, KANSAS CITY, MO 64121
(address)
VERNARD HENLEY, JR.
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
FIDELITY BROKERAGE SERVICES LLC
(name of corporation, firm or enterprise)
900 SALEM ST. SMITHFIELD, RI 02917
(address)
VERNARD HENLEY
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
JOHNSON & JOHNSON
(name of corporation, firm or enterprise)
COMPUTERSHARE, P.O. Box 43006, PROVIDENCE, RI 02940-3006
(address)
OGENIA J. HENEY
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
MERRILL
(name of corporation, firm or enterprise)
ONE BRYANT PARK, NEW YORK, NY 10036
(address)
VERNARD W. HENLEY, JR.
(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
FRANKLIN TEMPLETON
(name of corporation, firm or enterprise)
100 FOUNTAIN PARKWAY, ST. PETERSBURG, FL 33733-8030
(address)
VERNARD AND OGENIA HENLEY
(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
PRUDENTIAL FINANCIAL
(name of corporation, firm or enterprise)
COMPUTERSHARE, P.O. Box 43033, PROVIDENCE, RI 02940
(address)
OGENIA HENLEY
(name under which investment held)

SECTION 4 - BUSINESS OR HOLDINGS (cont.)

More than \$1,000

Name of corporation, firm, or enterprise: Huntington Bancshares

Address: Computershare Trust Co.; P.O. Box 30170; Providence, RI 02940-3170

Name under which investment is held: Ocenia Henley

More than \$1,000

Name of corporation, firm, or enterprise: Allete

Address: Shareholder Services; 30 W. Superior St., Duluth, MN 55802-2093

Name under which investment is held: Ocenia Henley

More than \$1,000

Name of corporation, firm, or enterprise: Bank of America

Address: P.O. Box 15284, Wilmington, DE 19850

Name under which investment is held: Vernard & Ocenia Henley

More than \$12,500

Name of corporation, firm, or enterprise: Blackrock Funds

Address: P.O. Box 9819; Providence, RI 02940

Name under which investment is held: Ocenia Henley

More than \$12,500

Name of corporation, firm, or enterprise: VALIC Financial Advisors, LLC

Address: P.O. Box 219750; Kansas City, MO 64121

Name under which investment is held: Ocenia Henley

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) NOT APPLICABLE

(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) NOT APPLICABLE

(name of creditor)

(address of creditor)
- b) _____
(name of creditor)

(address of creditor)
- c) _____
(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) _____
(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)

(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)

(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) NOT APPLICABLE

<hr/>		
(description of award)		
<hr/>		
(date)		(fair market value)
<hr/>		
(source of award)		

b)

<hr/>		
(description of award)		
<hr/>		
(date)		(fair market value)
<hr/>		
(source of award)		

c)

<hr/>		
(description of award)		
<hr/>		
(date)		(fair market value)
<hr/>		
(source of award)		

d)

<hr/>		
(description of award)		
<hr/>		
(date)		(fair market value)
<hr/>		
(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) NOT APPLICABLE

<hr/>		
(name of person or organization paying expense)		
<hr/>		
(business address)		
<hr/>		
(date of expense)	\$	(amount of expense)
<hr/>		
(nature of expenditure)		

b)

<hr/>		
(name of person or organization paying expense)		
<hr/>		
(business address)		
<hr/>		
(date of expense)	\$	(amount of expense)
<hr/>		
(nature of expenditure)		

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) NOT APPLICABLE

(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) NOT APPLICABLE

(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)

