

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 Dolly
(Last) (First) (Middle)
Address PO Box 128 Washington AR 71852
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone _____
Spouse's name Henley Paul G
(Last) (First) (Middle)
All names under which you and/or your spouse do business: _____

SECTION 2- REASON FOR FILING

FILED

- Public Official State Representative District 88
(office held) **JAN 14 2025**
- Candidate _____
(office sought) **Arkansas**
- District Judge _____
(name of district) **Secretary of State**
- 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)

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

Arkansas Public Retirement System

_____ (name of employer or source of income)

124 West Capitol Avwe # 400 Little Rock AR 72201

_____ (address)

Belinda G 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

Social Security Administration

_____ (name of employer or source of income)

6401 Security Blvd Baltimore, MD 21235

_____ (address)

Belinda G Henley

_____ (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Social Security Benefits

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

City of Washington

_____ (name of employer or source of income)

PO Box 7 Washington AR 71662

_____ (address)

Paul G Henley

_____ (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Mayor, City of Washington

SECTION 2- REASON FOR FILING (continued)

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 - Airport board or commission _____
 - Water or Sewer board or commission _____
 - Utility board or commission _____
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- a) Check appropriate box: More than \$1,000 More than \$12,500

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_____ (name of employer or source of income)

124 West Capitol Ave #400 Little Rock AR 72201

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Paul G Henley

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_____ (name of employer or source of income)

6401 Security Blvd Baltimore, MD 21235

_____ (address)

Paul G Henley

_____ (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Social Security Benefits

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

Department of Defense

_____ (name of employer or source of income)

8899 E 56th ST Indianapolis, IN 46249-1200

_____ (address)

Paul G Henley

_____ (name under which income received)

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

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)

201 Progress Pkwy St Louis MO 63043

(address)

Paul Henley

(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)

201 Progress Pkwy St Louis MO 63043

(address)

Belinda Henley

(name under which investment held)

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

Fidelity Investments

(name of corporation, firm or enterprise)

245 Summer St Boston MA 02210

(address)

Belinda Henley

(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.

a) Southwest Mental Counseling & Mental Health

2804 Arkansas Blvd (name of business, corporation, firm, or enterprise)
President (address)
Dolly Henley (office or directorship held)
(name of office holder)

b) Arkansas Great Southwest Regional Tourism Association

PO Box 1006 Hope AR 71802 (name of business, corporation, firm, or enterprise)
Vice-President (address)
Dolly Henley (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) NONE
b) ~~_____ (name of creditor)~~
~~_____ (address of creditor)~~
~~_____ (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) _____ (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 5- OFFICE OR DIRECTORSHIP

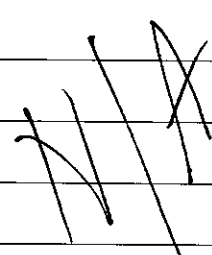
List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

a) University of Arkansas Hope Texarkana Foundation
(name of business, corporation, firm, or enterprise)
PO Box 140 Hope AR 71802
(address)
Board Member
Dolly Henley
(office or directorship held)
(name of office holder)

b) Texarkana Symphony Orchestra
(name of business, corporation, firm, or enterprise)
421 Hickory St Texarkana AR 71854
(address)
Board Member
Dolly Henley
(office or directorship held)
(name of office holder)

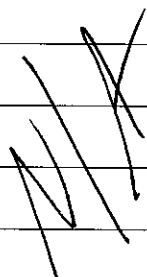
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a) _____
(name of creditor)
_____ (address of creditor)
b)  _____
(name of creditor)
_____ (address of creditor)
c) _____
(name of creditor)
_____ (address of creditor)

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) _____ (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 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) _____
(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) _____
(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)

SECTION 14- SIGNATURE

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

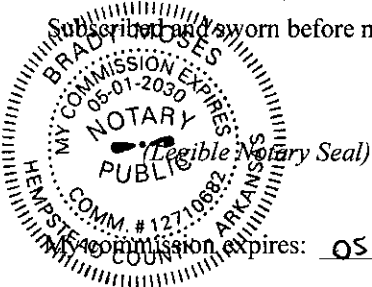
Dale Henley

Signature

STATE OF ARKANSAS

COUNTY OF Hempstead } ss

Subscribed and sworn before me this 7 day of January, 2025.



Brad Foster

Notary Public

My commission expires: 05/01/2030

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.