

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
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  
Post Office Box 1917  
Little Rock, AR 72203  
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.

## SECTION 1- NAME AND ADDRESS

Name Jennings Charla M.  
(Last) (First) (Middle)  
Address 4622 Briarwood Drive Harrison AR  
(Street or P.O. Box Number) (City) (State) 72601  
Phone 870-391-3221 (Zip Code)

Spouse's name Jennings Morgan C.  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: \_\_\_\_\_

## SECTION 2- REASON FOR FILING

- Public Official \_\_\_\_\_  
(office held)
- Candidate \_\_\_\_\_  
(office sought)
- District Judge \_\_\_\_\_  
(name of municipality)
- City Attorney \_\_\_\_\_  
(name of city)
- State Government: Agency Head/Department Director/Division Director North Arkansas College  
(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)
- 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 \_\_\_\_\_

**FILED**

**JAN 31 2025**

**Arkansas  
Secretary of State**

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics 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  
North Arkansas College  
(name of employer or source of income)  
1515 Pioneer Drive, Harrison, AR 72601  
(address)  
Charla McDonald Jennings  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Registrar's Salary

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Valley Springs Public School  
(name of employer or source of income)  
P.O. Box 40, Valley Springs, AR 72641  
(address)  
Morgan Jennings  
(name under which income received)

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

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Arkansas Teacher Retirement System  
(name of employer or source of income)  
  
(address)  
Charla Jennings  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received - ATRS retirement payment

d) 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 \_\_\_\_\_

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**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  
Ameriprise Financial – Retirement Fund  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
307 North Chestnut, Harrison, AR 72601  
\_\_\_\_\_  
(address)  
Charla Jennings  
\_\_\_\_\_  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Anstaff Bank  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
100 1<sup>st</sup> National Street, Green Forest, AR 72638  
\_\_\_\_\_  
(address)  
Morgan and Charla Jennings  
\_\_\_\_\_  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Arkansas Federal Credit Union  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 9, Jacksonville, AR 72078  
\_\_\_\_\_  
(address)  
Charla Jennings  
\_\_\_\_\_  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Arkansas Teacher Retirement System  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
1400 West Third Street, Little Rock, AR 72201  
\_\_\_\_\_  
(address)  
Morgan Jennings and Charla Jennings  
\_\_\_\_\_  
(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)

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**SECTION 13- SIGNATURE**

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

Charo Jennings  
Signature

STATE OF ARKANSAS

COUNTY OF Boone } ss

Subscribed and sworn before me this 29 day of January, 2025.



Kelsea Lowery  
Notary Public

My commission expires: 4.11.2029

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.  
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.  
Municipal judges and city attorneys file with the city clerk of the municipality in which they serve.  
Members of regional boards or commissions file with the county clerk of the county in which they reside.

**General Information:**

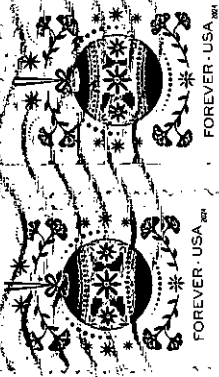
- \* The Statement of Financial Interest should be filed by January 31 of each year.
- \* The filing covers the previous calendar year.
- \* Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31.
- \* 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.

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Charla Jennings  
4622 Blarwood Dr  
Harrison AR 72401

NW ARKANSAS AR 721

31 JAN 2025 PM 1 L



Matt Marten, Secretary of State  
State Capitol, Room 206  
Little Rock, AR 72201