

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 2025
(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 HENDERSON (Last) RANDY (First) LAVELLE (Middle)
Address 527 LAURA DRIVE (Street or P.O. Box Number) Blgtheville (City) AR (State) 72315 (Zip Code)
Phone (870) 623-6003
Spouse's name HENDERSON (Last) ALVQUE (First) NICOLE (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 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 ARKANSAS WORKFORCE DEVELOPMENT BOARD (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 22 2026

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 GOSNELL PLANNING 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

NUCOR STEEL ARKANSAS
 (name of employer or source of income)
7301 E. COUNTY RD. 142 BLYTHEVILLE, AR 72315
 (address)
RANDY L. HENDERSON
 (name under which income received)

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

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

GOSNELL CITY HALL
 (name of employer or source of income)
201 S. AIR BASE HWY BLYTHEVILLE, AR 72315
 (address)
ALVQUE N. HENDERSON
 (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

NONE
 (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 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.

NONE

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.)

NONE

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.

NONE

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

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) NONE

(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) NONE

(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) NONE

_____ (description of award)

_____ (date) _____ (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) NONE

_____ (name of person or organization paying expense)

_____ (business address)

_____ (date of expense) \$ _____ (amount of expense)

_____ (nature of expenditure)

b) _____ (name of person or organization paying expense)

_____ (business address)

_____ (date of expense) \$ _____ (amount of expense)

_____ (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) NONE

(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) NONE

(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.




Signature

STATE OF ARKANSAS

COUNTY OF Mississippi } ss

Subscribed and sworn before me this 13th day of January, 20 24.

CLARISSA JONES
NOTARY PUBLIC - ARKANSAS
Mississippi County
(Leg. Commission # 2713049)
My Commission Expires 01/08/2031



Notary Public

My commission expires: 1/8/2031

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.



Arkansas Workforce Development Board (AWDB) Orientation and Training

DATE COMPLETED: 01/29/2024

Member Orientation with Board Staff Self-Paced

Other _____

Acknowledgement of Training

I acknowledge that I have completed the following topics:

- ✓ Overview of Workforce Innovation and Opportunity Act of 2014
- ✓ Purpose of the AWDB
 - Vision and Mission
 - Roles and Responsibilities of the AWDB
 - (A.C.A. §15-4-3706)
- ✓ AWDB By-Laws
 - Conflict of Interest *(Note: Sign the Conflict of Interest form and submit to appropriate Board staff)*
- ✓ Freedom of Information Act
- ✓ Sunshine Law

Randy Henderson
AWDB Member Name (PRINT)

Randy Henderson
Signature

01/22/26
Date

Board Director Name (PRINT)

Signature

Date

ARKANSAS Division of
WORKFORCE SERVICES

BOARD MEMBER DATA SHEET
Arkansas Workforce Development Board

PERSONAL

NAME:

First: RANDY M.I.: L Last: HENDERSON Social Security No.:

BOARD MEMBER CONTACT INFORMATION

CURRENT PHYSICAL ADDRESS (For Fed-Ex Delivery)

Street Address (No P.O. Box): 527 LAURA DRIVE City: GOSNELL State: AR Zip Code: 72315

MAILING ADDRESS

Street Address or P.O. Box: 527 LAURA DRIVE City: GOSNELL State: AR Zip Code: 72315

TELEPHONE NUMBERS

Home Telephone No.: (870) 623-6003 Work Telephone No.: (870) 409-5066 Cell Telephone No.: (870) 623-3499 Email Address: Randy.henderson@nuccor.com

ALTERNATE CONTACT INFORMATION (For Board Meeting Notifications Only)

First: RANDY Last: HENDERSON Email Address: Randy.henderson@nuccor.com
Work Telephone No.: (870) 409-5066 Cell Telephone No.: (870) 623-6003

ACCOMMODATIONS NEEDED

Yes No

If yes, Type Accommodations Needed:

N/A

PERSONAL DATA INFORMATION

PLACE OF BIRTH

Date of Birth (mm/dd/yyyy): MAY 19, 1969 City: OSCEOLA County: MISSISSIPPI State: AR

EDUCATION

Grade (Highest Grade Completed): College (Semester Hours): Major: INDUSTRIAL TECH Minor: INDUSTRIAL TECH
Graduated or GED? Yes No Degree: BACHELOR OF SCIENCE Other Degree: ASSOCIATE OF ARTS

ETHNIC BACKGROUND:

Caucasian African American Hispanic American Indian or Alaskan Native Asian or Pacific Islander

GENDER: Female Male

VETERAN STATUS: Yes No If yes, select type of status:

MARITAL STATUS: Single Married Widowed Divorced Separated

SPOUSE'S INFORMATION:

Name of Spouse:

Cell Telephone No.: Business Telephone No.: Home Telephone No.:

Date: JANUARY 22, 2026 Board Member/Employee Signature: Randy Henderson



Board Member Declination of Stipend

I understand that according to A.C.A. §15-4-3704 (h)(1) and (2), which states:

“By a majority vote of the total membership of the Arkansas Workforce Development Board cast during its first regularly scheduled meeting of each calendar year, the Arkansas Workforce Development Board may authorize payment to the appointed members of a stipend not to exceed one hundred ten dollars (\$110) per meeting attended of the full Arkansas Workforce Development Board or its committees, and the Arkansas Workforce Development Board members shall receive no other compensation, expense reimbursement, or in-lieu-of payments except as provided by A.C.A. §25-16-902.” and “The stipend shall be paid from Workforce Innovation and Opportunity Act funding awarded to the state and authorized for Arkansas Workforce Development Board activities”.

According to the language above, I am entitled to receive a stipend payment for attending full meetings of the Arkansas Workforce Development Board or its committees.

- I decline a stipend payment for attending meetings of the Arkansas Workforce Development Board.
- I choose to accept the stipend payment that I am eligible to receive for calendar year _____.

Printed Name: <i>RANDY HENDERSON</i>	Signature: <i>Randy Henderson</i>	Date: <i>01/22/2026</i>
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Chad Brown
EXECUTIVE DIRECTOR

Tom Anderson
CHAIRMAN

Karen Breashears
VICE CHAIRMAN

By-Laws Acknowledgement Form

I, Randy Henderson, have received and read a copy of the Arkansas Workforce Development Board's (AWDB) By-laws which outlines policies and statutes as well as my responsibilities as a member.

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the By-laws provided to me by Board staff.

Randy Henderson
(AWDB Member Signature)

01/22/2026
(Date)