

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 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 Henahan Rosa Michelle (Shellie)
(Last) (First) (Middle)
Address 6800 Duncan Circle Ft. Smith AR 72903
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 479-462-5646 (cell)
Spouse's name Henahan Brian Hinrichs
(Last) (First) (Middle)
All names under which you and/or your spouse do business: Brian + Shellie Henahan

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 Early Childhood 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)

FILED
OCT 07 2024
Arkansas
Secretary of State

The **organization** is the source of payment. It should be the name of the sponsor actually paying or providing the expenses. The **date of expenses** should be the inclusive dates of all travel provided. If the travel all occurred on one day, report that day. Otherwise, list the starting and ending dates of each trip provided (i.e., "May 1 - 5, 1997").

It is permissible to extend the duration of a trip at your own expense, accepting return travel from the sponsor. However, to avoid suggesting that travel was accepted for a longer period of time than was actually the case, you should indicate any time not spent at the sponsor's expense on either the line requesting the "date" or "nature" of expenses. For example, using the dates listed above, you could report "May 1 - 5, 1997. May 3 - 4 on personal business, expenses paid by me."

Section 12 (Direct Regulation of Business)

The law requires you to list any business by whom you are employed if the business is under direct regulation or subject to direct control by the governmental body which you serve. You must report the employment by listing the name of this business/employer and provide the governmental body which regulates or controls aspects of the business. Such a business relationship typically exists if your private employer is subject to any rules or regulations of a governmental body or if a governmental body adjudicates contested cases of fact involving your private employer. For example, if you work as a licensed dentist, the appropriate regulatory governing body may be the State Board of Dental Examiners.

Whether your business is under direct regulation or subject to direct control by a governing body is often a question of fact. If you are unsure, you should contact the Arkansas Ethics Commission or, if you know, the agency you suspect may regulate part or all of your activities.

Section 13 (Sales to Governmental Body)

The law requires you to report certain business relationships with the government if a significant sale of goods or services occurs. Specifically, you must set out in detail the goods or services sold having a total annual value in excess of \$1,000.00 sold to the governmental body for which you serve or are employed and the compensation paid for each category of goods or services by you or any business in which you or your spouse is an officer, director, stockholder owning more than ten percent (10%) of the stock, owner, trustee, or partner.

Section 14 (Signature)

Under the law, each person, required to file a Statement of Financial Interest must prepare the statement under penalty of false swearing and sign such form attesting to the truth and accuracy of the information set forth on the form. Ark. Code Ann. § 21-8-702. If a person who is required to file a Statement of Financial Interest is called to active duty in the armed forces of the United States, the statement may be completed by the spouse of the person. If the Statement of Financial Interest is completed by the spouse, under this exception, the spouse's signature shall be sufficient for the requirement of Ark. Code Ann. § 21-8-702.

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

University of AR Fort Smith
 (name of employer or source of income)
5210 Grand Ave./Ft. Smith 72913
 (address)
Dr. Rosa Michele (Shell) Henchar
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Professor/Director of Early Childhood Ed./Faculty Co-Chair of Committee for Assessment of Learning Outcomes (CALO)

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

TIAA-CREF 403B Retirement
 (name of employer or source of income)
730 Third Ave. New York, NY 10017-3206
 (address)
Rosa M. Henchar + Brian Henchar
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Retirement Mutual Funds Vanguard Brokerage

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

Brian Henchar Vanguard Brokerage
 (name of employer or source of income)
P.O. Box 3009, Monroe, WI 53566-8309
 (address)
Brian Henchar
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Mutual Funds Dividends

- See attachment for additional sources of income

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
First National Bank - Fort Smith
(name of corporation, firm or enterprise)
402 Garrison Ave., Ft. Smith 72901
(address)
Rosa M. Henchan
(name under which investment held)

b) Check appropriate box: More than \$1,000 More than \$12,500
Regions Bank
(name of corporation, firm or enterprise)
8385 Rogers Ave. Ft. Smith 72903
(address)
Brian Henchan
(name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
TIAA-CREF 403B Retirement Mutual Fund Shares
(name of corporation, firm or enterprise)
730 Third Ave. New York NY 10017-3206
(address)
Rosa M. Henchan
(name under which investment held)

d) Check appropriate box: More than \$1,000 More than \$12,500
TIAA-CREF 403B Retirement Mutual Fund Shares
(name of corporation, firm or enterprise)
730 Third Ave. New York NY 10017-3206
(address)
Brian Henchan
(name under which investment held)

e) Check appropriate box: More than \$1,000 More than \$12,500
Vanguard Investments diversified mutual fund shares
(name of corporation, firm or enterprise)
PO Box 3009, Monroe, WI 53566-8309
(address)
Brian Henchan
(name under which investment held)

f) Check appropriate box: More than \$1,000 More than \$12,500
Fidelity Investments (see attachment)
(name of corporation, firm or enterprise)
PO Box 77001, Coconino, AZ 452772003
(address)
Brian Henchan
(name under which investment held)

See attachment for additional sources of businesses or holdings.

SECTION 3 – SOURCES OF INCOME

a) Check appropriate Box: More than \$1,000 More than \$12,500

Source: University of Arkansas – Fort Smith

Address: 5210 Grand Avenue, Fort Smith, AR 72903

Name under which income received: Rosa M Henehan

Brief Description of the nature of the services for which the compensation was received:

Teaching, Director of Early Childhood Programs, Grant Program Administration, CALO Lead

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

Source: TIAA-CREF 403B Retirement

Address: 730 Third Avenue, New York, NY 10017-3206

Name under which income received: Rosa M Henehan and Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Retirement Mutual Fund Dividends

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

Source: Vanguard Brokerage

Address: PO Box 3009, Monroe, WI 53566-8309

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Mutual Fund Dividends

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

Source: Fidelity Investments IRA

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which income received: Rosa M Henehan and Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Mutual Fund Dividends

e) Check appropriate Box: More than \$1,000 More than \$12,500

Source: Fidelity Investments IRA

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Non-Arkansas Bank Certificates of Deposit Interest

f) Check appropriate Box: More than \$1,000 More than \$12,500

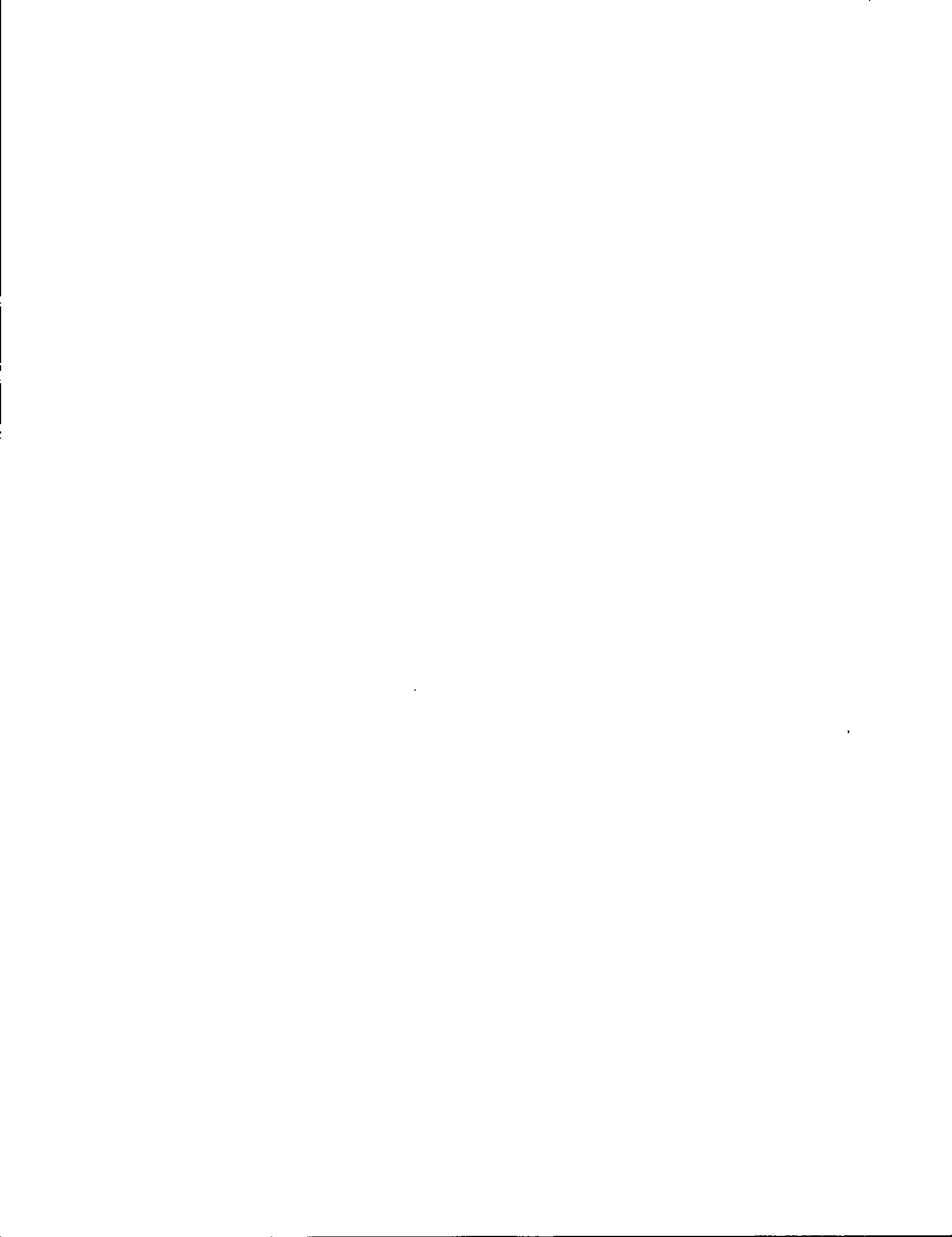
Source: Fidelity Investments IRA

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

AT&T Inc. Common Stock Dividends



SECTION 3 – SOURCES OF INCOME

g) Check appropriate Box: More than \$1,000 More than \$12,500

Source: Fidelity Investments IRA

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Verizon Inc. Common Stock Dividends

h) Check appropriate Box: More than \$1,000 More than \$12,500

Source: Fidelity Investments Brokerage

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Texas Instruments Inc. Company Common Stock Dividends

i) Check appropriate Box: More than \$1,000 More than \$12,500

Source: Family Agricultural Operation

Address: Rural Route, Veblen, South Dakota

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

General agriculture land rental / Sharecropping

j) Check appropriate Box: More than \$1,000 More than \$12,500

Source: Bernard Mahrer Construction Inc

Address: PO Box 57, Rutland, ND 58067

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Aggregate Mining Royalties

k) Check appropriate Box: More than \$1,000 More than \$12,500

Source: United States Social Security Administration

Address: 6801 Dallas St, Fort Smith, AR 72903

Name under which income received: Brian Henehan

Brief Description of the nature of the services for which the compensation was received:

Social Security Benefit Payments

SECTION 4 – Business or Holdings

a) Check appropriate Box: More than \$1,000 More than \$12,500

Name: First National Bank – Fort Smith

Address: 602 Garrison Ave., Fort Smith, AR 72901

Name under which investment held: Rosa M Henehan

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

Name: Regions Bank

Address: 8385 Rogers Ave., Fort Smith, AR 72903

Name under which investment held: Brian Henehan

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

Name: TIAA-CREF 403B Retirement Mutual Fund Shares

Address: 730 Third Avenue, New York, NY 10017-3206

Name under which investment held: Rosa M Henehan

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

Name: TIAA-CREF 403B Retirement Mutual Fund Shares

Address: 730 Third Avenue, New York, NY 10017-3206

Name under which investment held: Brian Henehan

e) Check appropriate Box: More than \$1,000 More than \$12,500

Name Vanguard Investments diversified mutual fund shares

Address: PO Box 3009, Monroe, WI 53566-8309

Name under which investment held: Brian Henehan

f) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Fidelity Investments Non-Arkansas Bank Certificates of Deposit. Barclays Bank, Charles Schwab Bank, Gateway First Bank, Goldman Sachs Bank, JP Morgan Chase Bank, Morgan Stanley Bank, Safra National Bank, South Central Bank, US Bank, Wells Fargo Bank, Western Alliance Bank

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Brian Henehan

g) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Fidelity Investments diversified mutual fund shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Brian Henehan

h) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Fidelity Investments diversified mutual fund shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Rosa M Henehan

i) Check appropriate Box: More than \$1,000 More than \$12,500



SECTION 4 – Business or Holdings

Name: Berkshire Hathaway Inc. common B shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Brian Henehan

j) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Target Company common shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Brian Henehan

k) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Texas Instruments Inc. common shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Brian Henehan

l) Check appropriate Box: More than \$1,000 More than \$12,500

Name: AT&T Inc. common shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Brian Henehan

m) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Verizon Inc. common shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Brian Henehan

n) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Family Farm

Address: Rural Route, Veblen, South Dakota

Name under which investment held: Brian Henehan

o) Check appropriate Box: More than \$1,000 More than \$12,500

Name: Johnson & Johnson common shares

Address: Fidelity Investments Inc., PO Box 770001, Cincinnati, OH 45277-0003

Name under which investment held: Rosa M Henehan

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) NA

(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) NA

(name of creditor)

(address of creditor)

b) NA

(name of creditor)

(address of creditor)

c) NA

(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) NA

(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

b) NA

(name of governmental body) (address of governmental body)

(amount owed) (nature of the obligation)

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) NA

(description of award)

(date) _____ (fair market value)

(source of award)

b) NA

(description of award)

(date) _____ (fair market value)

(source of award)

c) NA

(description of award)

(date) _____ (fair market value)

(source of award)

d) NA

(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) NA

(name of person or organization paying expense)

(business address)

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

(nature of expenditure)

b) NA

(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) University of Arkansas Fort Smith
(name of business)
Arkansas Department of Higher Education - ADE
(governmental body which regulates or controls)

b) NA
(name of business)
(governmental body which regulates or controls)

c) NA
(name of business)
(governmental body which regulates or controls)

d) NA
(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) NA
(goods or services)
(governmental body to whom sold)
(compensation paid)

b) NA
(goods or services)
(governmental body to whom sold)
(compensation paid)

c) NA
(goods or services)
(governmental body to whom sold)
(compensation paid)

d) NA
(goods or services)
(governmental body to whom sold)
(compensation paid)

SECTION 14- SIGNATURE

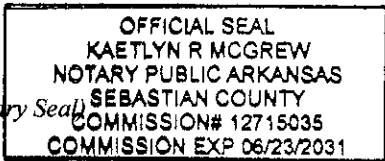
certify under penalty of false swearing that the above information is true and correct.

Rosa Michele (Stelli) Hencha
Signature:

STATE OF ARKANSAS

COUNTY OF Sebastian

Subscribed and sworn before me this 03 day of October, 2021



(Legible Notary Seal)

Kaetlyn R. McGrew
Notary Public

My commission expires: 06/23/2031

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.

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.



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TO: *Arkansas Secretary of State
Elections Division
State Capitol, Room 26
500 Woodlane Street
Little Rock, AR 72201-1094*

Label 228, July 2013

FOR DOMESTIC AND INTERNATIONAL USE

15:3 HD L-1304702

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PH 3:51

