

EXPLORATORY COMMITTEE CONTRIBUTION AND EXPENDITURE REPORT

To be filed with:

Cole Jester, Secretary of State
State Capitol, 500 Woodlane Street
Little Rock, AR 72201
Phone: (501) 682-5070
Fax: (501) 682-3408

For assistance in completing
this form contact:
Arkansas Ethics Commission
Phone (501) 324-9600
Toll Free (800) 422-7773

☐ Check if this report is an amendment

(File Stamp)

1. Name of Committee: _____

Date: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

2. Type of Report: (check one only)

This report covers what period? (____/____/____) through (____/____/____)

- ☐ January Monthly (due February 20) ☐ May Monthly (due June 20) ☐ September Monthly (due October 20)
☐ February Monthly (due March 20) ☐ June Monthly (due July 20) ☐ October Monthly (due November 20)
☐ March Monthly (due April 20) ☐ July Monthly (due August 20) ☐ November Monthly (due December 20)
☐ April Monthly (due May 20) ☐ August Monthly (due Sept 20) ☐ December Monthly (due January 20)

☐ FINAL REPORT (A FINAL REPORT must be filed within thirty (30) days after the end of the month in which the committee either transfers its contributions to a candidate's campaign or no longer accepts contributions.)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
3. Balance of Committee's Funds at Beginning of Reporting Period		
4. Interest (if any) Earned on Committee's Account		
5. Total Contributions (enter total from line 16)		
6. Total Expenditures (enter total from line 20)		
7. Balance of Committee's Funds at Close of Reporting Period		
8. () NO ACTIVITY (check if the committee has not received or spent money this reporting period)		

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of the committee's contributions and expenditures.

Signature of Committee's Representative

Sworn to and subscribed before me, a Notary Public, in and for _____ County, Arkansas,
on this _____ day of _____, _____.

(Legible Notary Seal)

Notary Signature _____

My Commission Expires _____

**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.**

9. NONMONEY CONTRIBUTIONS

Itemize if Fair Market Value Exceeds \$200

(Does not include volunteer services by individuals)

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
10. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS				
11. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				
12. TOTAL NONMONEY CONTRIBUTIONS				

IMPORTANT

In addition to monetary contributions, committees are required to report the receipt of any nonmonetary ("in-kind") contributions. A committee receives an in-kind contribution whenever a contributor provides it with an item or service without charge or for a charge which is less than the fair market value of the item or service in question. The value of an in-kind contribution is the difference between the fair market value and the amount charged.

13. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
Subtotal of Contributions This Page				

(Use Additional Copies Of This Page If Necessary)

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
14. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200				
15. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS				
16. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (totals from lines 14 and 15)				

17. ITEMIZED EXPENDITURES OVER \$100

Please Type or Print

(Use additional copies of this page if necessary)

[illegible]