

**INDEPENDENT EXPENDITURE REPORT
FOR COMMITTEES, INDIVIDUALS, AND OTHER ENTITIES**

To be filed with:

Cole Jester, Secretary of State
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

Please Type or Print

1. Name of independent expenditure committee, individual or other entity making independent expenditures:	
Address:	
City, State, and Zip	Telephone Number

2. Type of Report (check appropriate box)

Covers period (/ /) through (/ /)
month/date/year month/date/year

- ☐ **Monthly Report** (must be filed no later than 20 days after the end of the month)
- ☐ **10 Day Pre-Election Report** (must be filed no later than 7 days prior to election)
- ☐ **Final Report** (must be filed no later than 30 days after the end of the month in which the election is held)

3. Type of Election: (check only one) **Date of Election:**

- ☐ Preferential Primary ☐ General ☐ Run-off ☐ Special

Summary	For Reporting Period	Cumulative
4. Balance of Funds at Beginning of Reporting Period (Committees only)		
5. Interest (if any) earned on account (Committees only)		
6. Total Loans, enter amount from line 12 (Committees only)		
7. Total Monetary Contributions, enter amount from line 16 (Committees only)		
8. Total Expenditures, enter amount from line 22		
9. Balance of Funds at Close of Reporting Period (Committees only)		

I affirm that the filer herein has not knowingly or willfully accepted donations in excess of ten thousand dollars (\$10,000) in the aggregate from one (1) or more "prohibited sources," as that term is defined in Ark. Code Ann. § 7-6-201(19), within the 4-year period immediately preceding the date the independent expenditure(s) was made.

Further, I certify that I have examined this report and to the best of my knowledge and belief it is complete, true, and accurate.

(Signature of Individual or of Authorized Representative of Committee or Entity)

Sworn to and subscribed before me, a Notary Public, in and for _____ County, Arkansas,
on this _____ day of _____, 20_____.

My Commission Expires: _____

(Notary Signature)

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

Revised 08/2025

**10. INFORMATION CONCERNING COMMITTEE, INDIVIDUAL, OR OTHER ENTITY
MAKING INDEPENDENT EXPENDITURES**

IF FILING AS AN INDEPENDENT EXPENDITURE COMMITTEE, PROVIDE THE
FOLLOWING INFORMATION FOR EACH OF THE COMMITTEE'S OFFICERS

Name of officer:
Address:
Employer:
Occupation:
Name of officer:
Address:
Employer:
Occupation:
Name of officer:
Address:
Employer:
Occupation:

IF FILING AS AN INDIVIDUAL, PROVIDE THE FOLLOWING INFORMATION

Principal Place of Business:
Employer:
Occupation:

IF FILING AS AN ENTITY OTHER THAN AN INDIVIDUAL OR INDEPENDENT
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION
WITH RESPECT TO THE ENTITY AND ITS OFFICERS

Name of Entity:
Address:
Name of Officer:
Address:
Employer:
Occupation:
Name of Officer:
Address:
Employer:
Occupation:
Name of Officer:
Address:
Employer:
Occupation:

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11. LOAN INFORMATION – COMMITTEES ONLY*Please Type or Print**Do not list loans previously reported*

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
12. TOTAL LOANS DURING REPORTING PERIOD			\$

[This space intentionally blank]

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Revised 08/2025

13. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 – COMMITTEES ONLY

*Please Type or Print
(Use copies of this page as needed)*

Date	Name and Address of Contributor	Employer/Occupation And Place of Business	Total Contributions for filing period	Cumulative Total
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
14. Total Itemized Monetary Contributions				
15. Total Nonitemized Monetary Contributions				
16. Total Monetary Contributions This Report (includes lines 14 and 15)				

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

17. NONMONEY CONTRIBUTIONS – COMMITTEES ONLY

Date	Full Name, Mailing Address and Zip Code of Contributor	Employer/Occupation	Description of Nonmoney Item	Value of Nonmoney Item
18. Total Nonmoney Contributions This Report				

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19. ITEMIZED EXPENDITURES OVER \$100 – COMMITTEE, INDIVIDUAL, OR OTHER ENTITY

Please Type or Print
(Use copies of this page as needed)

Name and Address of Supplier/Payee	Description of Expenditure	Date of Disbursement	Amount of Disbursement
20. Total Itemized Expenditures This Report			
21. Total Nonitemized Expenditures This Report			
22. Total Expenditures This Report (includes lines 20 and 21)			

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23. PAID WORKERS

(include any person paid to work, does not have to be a full-time worker)

NAME OF WORKER	AMOUNT PAID	NAME OF WORKER	AMOUNT PAID

24. EXPENDITURES BY CATEGORY

CATEGORY	TOTAL AMOUNT
Television Advertising	
Radio Advertising	
Newspaper Advertising	
Other Advertising	
Office Supplies	
Rent	
Utilities	
Telephone	
Postage	
Direct Mail	
Travel Expenses	
Entertainment	
Fundraising	
Repayment of Loans	
Returned Contributions	
Consultant Fees	
Polls	
Paid Workers	
Other (list)	
25. TOTAL EXPENDITURES	

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