## LOCAL-OPTION BALLOT QUESTION FINANCIAL REPORT OF PUBLIC SERVANT OR GOVERNMENTAL BODY SPENDING PUBLIC FUNDS

To be filed with: (Arkansas Ethics Commission File Stamp) Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Fax (501) 324-9606 Check if this report is an amendment to a previously filed report 1. NAME OF INDIVIDUAL, PUBLIC SERVANT. OR GOVERNMENTAL BODY FILING REPORT **ADDRESS** 2. TYPE OF REPORT ☐ Monthly Report (due 15 days after end of month) Preelection Report (due 7 days before election) Final Report (due 30 days after election) CITY, STATE AND ZIP CODE **TELEPHONE NUMBER** This report covers period: ( ) through ( FOR REPORTING **CUMULATIVE** SUMMARY **PERIOD TOTALS** 3. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD 4. ( ) NO ACTIVITY Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only. I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement. Signature of Individual, Public Servant, or Agent of Governmental Body State of Arkansas County of \_\_\_\_\_ Subscribed and sworn before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_. Signature of Notary Public (Legible Notary Seal) My Commission Expires\_\_\_\_\_

## 5. ITEMIZED EXPENDITURES OF \$100 OR MORE

(NOTE: This includes not only expenditures made by the individual or elected official, but also expenditures made on their behalf by an advertising agency, public relations firm, or political consultant.) Please Type or Print
Use Additional Copies of this Page if Necessary

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

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Please Type or Print

Date	Name of Person to Whom	Street Address	Amount of	Purpose of Expenditure
	Expenditure was Made		Expenditure	Expenditure
C TOTA!	ITEMIZED EVDENDITUDES			
	ITEMIZED EXPENDITURES			
7. TOTAL	UNITEMIZED EXPENDITUR	ES		
8. TOTAL	EXPENDITURES (to be entered	ed on line #3)		
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## 9. EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Advertising	
Direct Mail	
Office Supplies	
Travel	
Telephone	
Other Expenses (list)	
40 TOTAL EVI	DENDITUDES BY CATEGORY
10. TOTAL EXI	PENDITURES BY CATEGORY