LEGISLATIVE QUESTION FINANCIAL REPORT OF INDIVIDUAL OR ELECTED OFFICIAL

(Arkansas Ethics Commission File Stamp)

To be filed with: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Fax (501) 324-9606

 $\hfill\square$ Check if this report is an amendment to a previously filed report

1. NAME OF INDIVIDUAL OR ELECTED OFFICIAL	
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	
This report covers period:() t	hrough()

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE 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 or Elected Official
State of Arkansas		
} ss County of		
Subscribed and sworn before me this	day of	, 20
(Legible Notary Seal)		Signature of Notary Public
My Commission Expires		

Revised 12/2017

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	ditional Copies of this Page if I Street Address	Amount of	Purpose of Expenditure
	Expenditure was Made		Expenditure	Expenditure

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

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
7. TOTAL		ËS		

9. EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Advertising	
Direct Mail	
Office Supplies	
Travel	
Telephone	
Other Expenses (list)	
10. TOTAL EX	PENDITURES BY CATEGORY