# POLITICAL PARTY QUARTERLY REPORTING FORM

To be filed with: John Thurston, Secretary of State State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3408

Calendar Year
---------------

For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Toll Free (800) 422-7773

1 ax (001) 002 0100	10111100 (000) 122 1110
1. NAME OF POLITICAL PARTY	2. TYPE OF REPORT
ADDRESS  CITY, STATE AND ZIP CODE	☐ First Quarter—due April 15 covers January 1 through March 31 ☐ Second Quarter—due July 15 covers April 1 through June 30 ☐ Third Quarter—due Oct 15 covers July 1 through September 30 ☐ Fourth Quarter—due Jan 15 covers October 1 through December 31  3. IS THIS REPORT AN AMENDMENT? ☐ YES ☐ NO
SUMMARY	FOR REPORTING PERIOD
4. TOTAL CONTRIBUTIONS RECEIVED (enter total from line 18)	
5. TOTAL DISBURSEMENTS MADE (enter total from line 22)	
6. ( ) NO ACTIVITY (check if political party has not received any contribution	
or made any disbursements during the reporting period	00)
I certify under oath that I have examined this report and to the best of my known herein is complete, true, and accurate.  Signature of Pol	owledge and belief the information disclosed
ŭ	,
State of Arkansas  } ss  County of  Subscribed and sworn before me thisday of	, 20
Signature of Notary (Legible Notary Seal)	Public
My Commission Expires:	
Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) a	and the original must follow within ten (10) days.

### 7. LOAN INFORMATION

Please Type or Print Do not list loans previously reported

Date	Name and Address of Lending Institution	Guarantor(s) if any	Amount
		, ,	
	3. TOTAL LOANS RECEIVED DURING REP		

### 9. CONTRIBUTORS OF MORE THAN \$50

Provide the Information Below with Respect to
Each Person Who Made a Contribution or Contributions
Which in the Aggregate Exceeded \$50 During the Calendar Quarter
Please Type or Print
Use Additional Copies of this Page if Necessary

Name of Contributor	Address of Contributor	Employer <u>and</u> Occupation of Contributor	Date of Contribution	Amount of Contribution

### **CONTRIBUTORS OF MORE THAN \$50**

### Please Type or Print Use Additional Copies of this Page if Necessary

Name of Contributor	Address of Contributor	Employer <u>and</u> Occupation of Contributor	Date of Contribution	Amount of Contribution
		o coupanion or commodis		
		MONETARY CONTRIBUT	TONS	
	RECEIVED DURING REPORTING PERIOD  11. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			
	RECEIVED DURING REPORTING PERIOD  12. TOTAL LOANS RECEIVED DURING REPORTING			
	PERIOD (enter total from line 8)  13. TOTAL LOANS AND MONETARY CONTRIBUTIONS			
	RECEIVED DURING REPORTING PERIOD			
	(includes totals from lines 10, 11, and 12)			

## 14. ITEMIZED NONMONEY CONTRIBUTIONS OF MORE THAN \$50 RECEIVED BY PARTY

Please Type or Print
Use Additional Copies of this Page if Necessary

Date	Name and Address of Contributor	Employer and Occupation of Contributor	Description of Nonmoney Item	Value of Nonmoney Item
	Of Continuator	Occupation of Contributor	Noninoney item	Noninoney item
	15. TOTAL ITEMIZED MONI		S	
	RECEIVED DURING REPORTING PERIOD			
	16. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD			
	17. TOTAL NONMONEY CONTRIBUTIONS RECEIVED			
	DURING REPORTING PERIOD			
	18. TOTAL CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (includes totals from lines 13 and 17)			

#### **IMPORTANT**

In addition to monetary contributions, political parties are required to report the receipt of any nonmoney ("in-kind") contributions. A political party receives an in-kind contribution whenever a person provides it with an item or service without charge or for a charge that 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.

### 19. ITEMIZED DISBURSEMENTS OF MORE THAN \$100

Please Type or Print
Use Additional Copies of this Page if Necessary

Name of Person To Whom Disbursement Made	Address of Recipient	Date	Amount of Disbursement

### **ITEMIZED DISBURSEMENTS OF MORE THAN \$100**

Please Type or Print
Use Additional Copies of this Page if Necessary

Name of Person To Whom Disbursement Made	Address of Recipient	Date	Amount of Disbursement
	ZED DISBUREMENTS MADE PORTING PERIOD		
21. TOTAL UNITE	MIZED DISBURSEMENTS		
	IG REPORTING PERIOD  JRSEMENTS MADE		
DURING REP			