

# QUARTERLY DISCLOSURE FORM

for gifts, grants, and donations of money or property received  
by certain designated officials on behalf of appropriate entities

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

Filing for \_\_\_\_\_  
(year)

(Arkansas Ethics Commission File Stamp)

<p><b>1.</b></p> <hr/> <p><b>NAME OF PUBLIC OFFICIAL</b></p> <hr/> <p><b>OFFICE HELD</b></p> <hr/> <p><b>ADDRESS</b></p> <hr/> <p><b>CITY, STATE and ZIP CODE</b></p>	<p style="text-align: center;"><b>2. TYPE OF REPORT</b></p> <p><input type="checkbox"/> <b>April 15 Quarterly</b> covers January 1 through March 31</p> <p><input type="checkbox"/> <b>July 15 Quarterly</b> covers April 1 through June 30</p> <p><input type="checkbox"/> <b>October 15 Quarterly</b> covers July 1 through September 30</p> <p><input type="checkbox"/> <b>January 15 Quarterly</b> covers October 1 through December 31</p> <hr/> <p><b>3. IS THIS REPORT AN AMENDMENT?</b></p> <p style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
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4.	DESCRIPTION OF ITEM	NAME OF PERSON FROM WHOM ITEM RECEIVED	ESTIMATED VALUE
a)			
b)			
c)			
d)			

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Public Official**