CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

Only for Candidates for State and District Office (Including District Judge)

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

☐ Check if this report is an amendment

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

THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE

1. Name of Candidate				
Address				
City, State and Zip			Phone Number:	
Office Sought			District Number:	
Does the candidate have a campaign committee? If yes, complete the following:	()Yes ()	No	(Secretary o	f State File Stamp)
Name of Chairperson/Treasurer:				
Mailing Address:	Phone Number:			
2. Type of Election: (check one only) Year of Primary □ Primary Runoff □ General □ General	of Election: al Runoff Special S	cial		
3. Type of Report: (check one only) This re	port covers what p	period? (/ /) through	n(/ /)
□10 Day Preelection □January Mo □First Quarter (due April 15) □February Mo □Second Quarter (due July 15) □March Mont □Third Quarter (due October 15) □April Month □Fourth Quarter (due January 15) □May Month	onthly hly ly	□Septe		lovember Monthly ecember Monthly
SUMMARY		FOR R	EPORTING PERIOD	CUMULATIVE TOTAL
4. Balance of campaign funds at beginning of re	porting period			
5. Interest (if any) earned on campaign account				
6. Total Loans (enter total from line 12)	line 10)			
7. Total Monetary Contributions (enter total from	line 18)			
8. Total Expenditures (enter total from line 27)9. Balance of campaign funds at close of reporti	ng poriod			
NO ACTIVITY (check if you have not received contributions).	•	le evnenditi	ures during this reporting pe	riod)
I certify to the best of my knowledge and belief that the financial statement of my (the candidate's) campaign c	information disclo	sed in thi	s report is a complete	
	Signature of Can	didate or C	Candidate's Representati	ve
Sworn to and subscribed before me, a Notary Public, in and for(Legible Notary Seal)	, Co Notary Signature		sas, on this day of	
	My Commission	Expires:		
Note: If faxed notary seal must be legible (i.e. either s	amned or raised a	nd inked)	and the original must f	follow within ten (10) days

11. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
	\$		

IMPORTANT

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign, or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 11.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 11.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then those personal funds would not be reported in Section 11. Instead, they would be reported as a campaign contribution either in Section 15 or on line 17, depending upon the amount.

13. NONMONEY CONTRIBUTIONS

(Does not include volunteer services by individuals)

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
		•		
	14. TOTAL NONMONE			

IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a contributor provides him with an item or service without charge or for a charge which 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. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

15. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 Please Type or Print (Use Additional Copies Of This Page If Necessary)

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off	
			□General □ Debt	
			□Primary □ Run-Off □General □ Debt	
	Subtotal of Conf	tributions This Page		

ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			□Primary □ Run-Off □General □ Debt	Contributor
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off □General □ Debt	
			□Primary □ Run-Off	
			□General □ Debt	
16. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$200				
	AL NONITEMIZED MONETARY CONTRIBUTIONS			
	AL MONETARY CONTRIBUTIONS THIS REPORT udes totals from lines 16 and 17)			
(ITICIL	auco totaio ii uii iii iileo 10 aiiu 17)			

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.

19. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

CATEGO	ORY		TOTAL AN	MOUNT
Filing Fee				
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 Campaign Workers				
Other (list)				
	20. TOTAL	CAMPAIGN EXPENDITURES		
		IGN WORKERS		
(Include any person you paid t	o work on your ca	ampaign, does not have to be full-tin	ne worker)	
NAME OF WORKER	AMOUNT	NAME OF WORKE	R	AMOUNT
	PAID			PAID

23. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print (Use additional copies of this page if necessary)

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure		
24. TOTAL ITEMIZED EXPENDITURES THIS REPORT					
25. TOTAL NONITEMIZED EXPENDITURES THIS REPORT					
26. TOTAL PAID CAMPAIGN WORKE					
27. TOTAL EXPENDITURES THIS REPORT (includes lines 24, 25 and 26)					

Note: All Expenditures Reflected on Lines 24, 25, and 26 Should Be Totaled by Category In Section 19