INDEPENDENT EXPENDITURE REPORT FOR COMMITTEES, INDIVIDUALS, AND OTHER ENTITIES

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 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

\Box Check if this report is an amend	ment	
Please Type or Print		
1. Name of independent expenditure committee, individual or other entity making independent	nt expenditures:	
Address:		
Address.		
City, State, and Zip Telepi	none Number	
2. Type of Report (check appropriate box) Covers period (/ month/date		
 ☐ Monthly Report (must be filed no later than 15 days after the end of the month) ☐ 10 Day Pre-Election Report (must be filed no later than 7 days prior to election) ☐ Final Report (must be filed no later than 30 days after the end of the month in which 	the election is held)	
3. Type of Election: (check only one) Date of Election:		
☐ Preferential Primary ☐ General ☐ Run-off ☐ Special		
Summary	For Reporting Period	Cumulative
4. Balance of Funds at Beginning of Reporting Period (Committees only)		
5. Interest (if any) earned on account (Committees only)		
6. Total Loans, enter amount from line 12 (Committees only)		
7. Total Monetary Contributions, enter amount from line 16 (Committees on	у)	
8. Total Expenditures, enter amount from line 22		
9. Balance of Funds at Close of Reporting Period (Committees only)		
I certify that I have examined this report and to the best of my knowledge a	and belief it is complete, tr	ue, and accurate
(Signature of Individual or of Au	thorized Representative of Com	mittee or Entity)
Sworn to and subscribed before me, a Notary Public, in and for on this day of , 20	C	County, Arkansas
My Commission Expires: (Notary Signature)		

10. INFORMATION CONCERNING COMMITTEE, INDIVIDUAL, OR OTHER ENTITY MAKING INDEPENDENT EXPENDITURES

IF FILING AS AN INDEPENDENT EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION FOR EACH OF THE COMMITTEE'S OFFICERS

Name of officer:
Address:
Employer:
Occupation:
Name of officer:
Address:
Employer:
Occupation:
Name of officer:
Address:
Employer:
Occupation:
IF FILING AS AN INDIVIDUAL, PROVIDE THE FOLLOWING INFORMATION
Principal Place of Business:
Employer:
Occupation:
IF FILING AS AN ENTITY OTHER THAN AN INDIVIDUAL OR INDEPENDENT
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address: Employer:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address: Employer: Occupation:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address: Employer: Occupation: Name of Officer:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address: Employer: Occupation: Name of Officer: Address:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address: Employer: Occupation: Name of Officer: Address: Employer: Occupation: Name of Officer:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address: Employer: Occupation: Name of Officer: Address: Employer: Occupation: Name of Officer: Address:
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE ENTITY AND ITS OFFICERS Name of Entity: Address: Name of Officer: Address: Employer: Occupation: Name of Officer: Address: Employer: Occupation: Name of Officer:

11. LOAN INFORMATION - COMMITTEES ONLY

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
	12. TOTAL LOAN	S DURING REPORTING PERIOD	\$

[This space intentionally blank]

13. ITEMIZED MONETARY CONTRIBUTIONS OVER \$200 - COMMITTEES ONLY

Please Type or Print (Use copies of this page as needed)

Place of Business for filing period Primary Run-off General	Total
☐ Run-off ☐ General	
☐ General	
□ Special	
☐ Primary	
☐ Run-off	
General	
□ Special	
☐ Primary	
Run-off	
General	
□ Special	
☐ Primary	
☐ Run-off	
General	
□ Special	
☐ Primary	
Run-off	
General	
□ Special	
□ Primary	
Run-off	
General	
□ Special	
Primary	
Run-off	
☐ General	
□ Special	
☐ Primary	
Run-off	
☐ General	
□ Special	
14. Total Itemized Monetary Contributions	
15. Total Nonitemized Monetary Contributions	
16. Total Monetary Contributions This Report (includes lines 14 and 15)	

17. NONMONEY CONTRIBUTIONS - COMMITTEES ONLY

Date	Full Name, Mailing Address and Zip Code of Contributor	Employer/Occupation	Description of Nonmoney Item	Value of Nonmoney Item
8. Total N	Nonmoney Contributions This Report	1		

19. ITEMIZED EXPENDITURES OVER \$100 – COMMITTEE, INDIVIDUAL, OR OTHER ENTITY Please Type or Print

Please Type or Print (Use copies of this page as needed)

Name and Address of Supplier/Payee	Description of Expenditure	Date of Disbursement	Amount of Disbursement
20.Total Itemized Expenditures This Report			
21. Total Nonitemized Expenditures This Report			
22. Total Expenditures This Report (includes lines 20 and 21)			

23. PAID WORKERS

(include any person paid to work, does not have to be a full-time worker)

NAME OF WORKER	AMOUNT PAID	NAME OF WORKER	AMOUNT PAID

24. EXPENDITURES BY CATEGORY

CATEGORY	TOTAL AMOUNT
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 Workers	
Other (list)	
25. TOTA	AL EXPENDITURES