COUNTY POLITICAL PARTY COMMITTEE 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

2. TYPE OF REPORT

1. NAME OF COMMITTEE (IN FULL)	2. TYPE OF REPORT
	□ First Quarter–due April 15 covers January 1 through March 31
ADDRESS	□ 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
CITY, STATE AND ZIP CODE	3. IS THIS REPORT AN AMENDMENT?

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS		
4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD				
5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY)				
6. TOTAL MONETARY CONTRIBUTIONS RECEIVED				
7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES / COMMITTEES				
8. ADMINISTRATIVE EXPENSES				
9. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD				
10. () NO ACTIVITY (check if you have not received or made any contributions during this reporting period)				

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 Committee Officer
State of Arkansas	、	
County of	} SS -	
Subscribed and sworn before r	me thisday of _	
		Signature of Notary Public
(Legible Notary Seal)		
My Commission Expires:		
Note: If faxed, notary seal must	be legible (i.e., either stampe	ed or raised and inked) and the original must follow within ten (10) days.

11. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$200

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

Date	Name of Contributor	Address of Contributor	Employer/ Place Of Business	Amount Of Contribution	Cumulative Total for Year

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$200

Please Type or Print

Date	Name of Contributor	Address of Contributor	Employer/ Place Of Business	Amount Of Contribution	Cumulative Total for Year
L	12. TOTAL ITEMIZED MONE RECEIVED DURING RE		I		
	13. TOTAL UNITEMIZED MO RECEIVED DURING RE	ONETARY CONTRIBUTION PORTING PERIOD			
	14. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (to be entered on line #6)				

15. ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$200

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

Date of Receipt	Full Name and Address of Contributor	Description of Nonmoney Item	Value of Nonmoney Item	Cumulative Total From This Contributor
	16. TOTAL ITEMIZED NONMONEY	CONTRIBUTIONS		
	RECEIVED DURING REPORTIN 17. TOTAL NONITEMIZED NONMO RECEIVED DURING REPORTIN	IG PERIOD NEY CONTRIBUTION	6	
	18. TOTAL NONMONEY CONTRIBU RECEIVED DURING REPORTIN	JTIONS		

IMPORTANT

In addition to monetary contributions, committees are required to report the receipt of any nonmoney ("in-kind") contributions. A committee receives an inkind 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 MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$200

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

Date	Name of Candidate/Committee To Whom Contribution Made	Address of Candidate/Committee	Election for Which Contribution was Made	Amount Of Contribution
		Candidate/Committee		Contribution

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$200

Please Type or Print

Date	Name of Candidate/Committee	Address of	Election for Which	Amount Of	
Date	To Whom Contribution Made	Candidate/Committee	Contribution was Made	Contribution	
	20. TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE TO				
	CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				
	21. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS MADE TO				
	CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				
	22. TOTAL MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				
	(to be entered on line #7)				

23. ITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$200

Please Type or Print

Date	Name and Address of Candidate/Committee	Election (if applicable) for which contribution	Description of Nonmoney Item	Value of Nonmoney
	To Whom Contribution Made	was made		Item
	24. TOTAL ITEMIZED NONM	ONEY CONTRIBUTIONS N	IADE TO	
	CANDIDATES AND COM	MITTEES DURING REPOR	RTING PERIOD	
	25. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS MADE TO			
	CANDIDATES AND COM	MITTEES DURING REPOR	RTING PERIOD	
	26. TOTAL NONMONEY COM			
		ING REPORTING PERIOD		

27. ITEMIZED ADMINISTRATIVE EXPENSES OVER \$100

Please Type or Print

Date	Name and Address of Supplier/Payee	Description of Expenditure	Amount of Expenditure
	EMIZED ADMINISTRATIVE EXPEN	ISES INCURRED	
	REPORTING PERIOD ONITEMIZED ADMINISTRATIVE EX		
	REPORTING PERIOD DMINISTRATIVE EXPENSES INCU		
	IDMINISTRATIVE EXPENSES INCO		