POLITICAL PARTY QUARTERLY REPORTING FORM

To be filed with:

For assistance in completing

this form contact:

Calendar Year John Thurston, Secretary of State Arkansas Ethics Commission State Capitol, Room 026 Post Office Box 1917 Little Rock, AR 72201 Little Rock, AR 72203 Phone (501) 682-5070 Phone (501) 324-9600 Fax (501) 682-3408 Toll Free (800) 422-7773 1. NAME OF POLITICAL PARTY 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? ☐ YES ☐ NO FOR REPORTING PERIOD SUMMARY 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 contributions or made any disbursements during the reporting period) I certify under oath that I have examined this report and to the best of my knowledge and belief the information disclosed herein is complete, true, and accurate. Signature of Political Party Representative State of Arkansas } ss County of__ Subscribed and sworn before me this ______day of ______, 20_____. Signature of Notary Public (Legible Notary Seal)

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.

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

My Commission Expires:

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		
8	8. TOTAL LOANS RECEIVED DURING REPORTING PERIOD				

9. CONTRIBUTORS OF MORE THAN \$200

Provide the Information Below with Respect to
Each Person Who Made a Contribution or Contributions
Which in the Aggregate Exceeded \$200 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
	Continuation	Cooupation of Continuation	Contribution	Contribution

CONTRIBUTORS OF MORE THAN \$200

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Name of Contributor	Address of Contributor	Employer <u>and</u> Occupation of Contributor	Date of Contribution	Amount of Contribution
	10 TOTAL ITEMIZED	MONETARY CONTRIBUT	JONE	
	TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD 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 \$200 RECEIVED BY PARTY

Please Type or Print
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Date	Name and Address	Employer and	Description of	Value of
	of Contributor	Occupation of Contributor	Nonmoney Item	Nonmoney 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

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Name of Person To Whom	Address	Date	Amount of	
Disbursement Made	of Recipient		Disbursement	
OO TOTAL ITEM	ZED DISBUREMENTS MADE			
DURING REPORTING PERIOD 21. TOTAL UNITEMIZED DISBURSEMENTS MADE DURING REPORTING PERIOD				
DURING REPORTING PERIOD				