

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

To be filed with:
Mark Martin, 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? () Yes () No
If yes, complete the following:

(Secretary of State File Stamp)

Name of Chairperson/Treasurer:

Mailing Address:

Phone Number:

2. Type of Election: (check one only) Year of Election: _____

Primary Primary Runoff General General Runoff Special

3. Type of Report: (check one only) This report covers what period? (/ /) through (/ /)

10 Day Preelection

January Monthly

June Monthly

Special Elections Only:

First Quarter (due April 15)

February Monthly

July Monthly

May Monthly

Second Quarter (due July 15)

March Monthly

August Monthly

November Monthly

Third Quarter (due October 15)

April Monthly

September Monthly

December Monthly

Fourth Quarter (due January 15)

October Monthly

SUMMARY

FOR REPORTING PERIOD

CUMULATIVE TOTAL

4. Balance of campaign funds at beginning of reporting period

5. Interest (if any) earned on campaign account

6. Total Loans (enter total from line 12)

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 reporting period

10. () **NO ACTIVITY** (check if you have not received contributions, loans, or made expenditures during this reporting period)

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for _____, County, Arkansas, on this ____ day of _____, _____.
(Legible Notary Seal) Notary Signature _____

My Commission Expires: _____

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.

11. LOAN INFORMATION

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 7-6-201 through § 7-6-227. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

REVISED 08/09

Please Type or Print
Do not list loans previously reported

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

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.

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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 NONMONEY CONTRIBUTIONS				

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 person 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.

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15. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

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
			<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Debt	
			<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Debt	
			<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Debt	
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Subtotal of Contributions This Page				

ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

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			<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Debt	
16. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50				
17. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS				
18. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 16 and 17)				

19. CAMPAIGN EXPENDITURES BY CATEGORY

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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 WORKERS THIS REPORT (enter total from line 22)			
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

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