LEGISLATIVE QUESTION FINANCIAL REPORT OF INDIVIDUAL OR ELECTED OFFICIAL

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

☐ Check if this report is an amendment to a previously filed report

1. NAME OF INDIVIDUAL OR ELECTED OFFICIAL	
ADDRESS	2. TYPE OF REPORT ☐ Monthly Report (due 15 days after end of month) ☐ Preelection Report (due 7 days before election) ☐ Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE	
TELEPHONE NUMBER	

This report covers period: (- -) through (- -)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD		

4. ( ) **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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 Individual or Elected Official

State of Arkansas
} ss
County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

(Legible Notary Seal)

_____
Signature of Notary Public

My Commission Expires_____

Revised 12/2013

5. ITEMIZED EXPENDITURES OF $100 OR MORE

(NOTE: This includes not only expenditures made by the individual or elected official, but also expenditures made on their behalf by an advertising agency, public relations firm, or political consultant.)

Please Type or Print

Use Additional Copies of this Page if Necessary

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

ITEMIZED EXPENDITURES OF $100 OR MORE

(NOTE: This includes not only expenditures made by the individual or elected official, but also expenditures made on their behalf by an advertising agency, public relations firm, or political consultant.)
Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

6. TOTAL ITEMIZED EXPENDITURES	
7. TOTAL UNITEMIZED EXPENDITURES	
8. TOTAL EXPENDITURES **(to be entered on line #3)**	

9. EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Advertising	
Direct Mail	
Office Supplies	
Travel	
Telephone	
Other Expenses (list)	
10. TOTAL EXPENDITURES BY CATEGORY	

11. PAID CANVASSERS, OFFICERS, AND DIRECTORS

NAME OF PAID CANVASSER/OFFICER/DIRECTOR	AMOUNT PAID	NAME OF PAID CANVASSER/OFFICER/DIRECTOR	AMOUNT PAID
12. TOTAL AMOUNT PAID CANVASSERS, OFFICERS, AND DIRECTORS			$