

LOCAL-OPTION BALLOT 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 FILING REPORT	
ADDRESS	2. TYPE OF REPORT
CITY, STATE AND ZIP CODE	<input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election) <input type="checkbox"/> Final Report (due 30 days after election)
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 _____

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)				

