

# CARRYOVER FUND REPORTING FORM

Year of Election: \_\_\_\_\_

NOTE: The carryover fund reports of a person who ran for school district, township, municipal, or county office are required to be filed with the **county clerk** of the county in which the election was held. The carryover fund reports of a person who ran for state or district office are required 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

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

Check if this report is an amendment

Officeholder/Candidate Information	(file stamp)
1. Name of Officeholder/Candidate	
Address	
City, State, and Zip	
Office	
Phone Number District Number	
2. Type of Report: (check only one)    This report covers what period? (___/___/___) through (___/___/___)	
<input type="checkbox"/> <b>First Quarter</b> (due April 15) <input type="checkbox"/> <b>Fourth Quarter</b> (due January 15) <input type="checkbox"/> <b>Second Quarter</b> (due July 15) <input type="checkbox"/> <b>Annual Report for Calendar Year</b> _____ (due January 31) <input type="checkbox"/> <b>Third Quarter</b> (due October 15) <input type="checkbox"/> <b>Closing Out of Carryover Account</b>	
A quarterly report is due if you have expended in excess of \$500 since your last report concerning carryover funds. No report is required in any calendar quarter in which you have not exceeded the cumulative expenditure limit of \$500 since your last report. An annual report is not required if you have filed at least one quarterly report during the calendar year. A person is required to file a report for the calendar quarter in which he or she transfers carryover funds to his or her active campaign fund.	

SUMMARY	FOR REPORTING PERIOD	YEAR-TO-DATE
3. Balance of carryover funds at beginning of reporting period		
4. Interest (if any) earned on carryover account		
5. Total expenditures (enter amount from line 10)		
6. Balance of carryover funds at close of reporting period		

I certify that I have examined this Report, and that to the best of my knowledge and belief it is true, correct, and complete.

\_\_\_\_\_  
Signature of Officeholder/Candidate

Sworn to and subscribed before me, a Notary Public, in and for \_\_\_\_\_ County, Arkansas, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

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.**

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.

