CARRYOVER FUND REPORTING FORM

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) 682-3070 Fax (501) 682-3408 Check if this report is an amendment Officeholder/Candidate Information Office and Zip Phone Number City, State, and Zip Phone Number Office District Number 2. Type of Report: (check only one) First Quarter (due April 15) Second Quarter (due April 15) Second Quarter (due July 15) Third Quarter (due Quily 15) Third Quarter (due Crober 15) A quarterly report is due if you have expended in excess of \$500 since your last report correning 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 This is form contact: Arkansas Ethics Commissis Post Office Box 1917 Little Rock, AR 72203-1917 Phone (S01) 324-9000 Toll Free (800) 422-7773 thit Rock, AR 72203-1917 Phone (S01) 324-9000 Toll Free (800) 422-7773 Third Rock, AR 72203-1917 Little Rock, AR 72203-1917	Year of Election:	:				
1. Name of Officeholder/Candidate Address City, State, and Zip Phone Number Office District Number 2. Type of Report: (check only one) This report covers what period? (//) through (//) First Quarter (due April 15) Fourth Quarter (due January 15) Second Quarter (due July 15) Closing Out of Carryover Account 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	school district, township, municipal, or county office are requ to be filed with the county clerk of the county in which election was held. The carryover fund reports of a person 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	nired the who	Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203-1917 Phone (501) 324-9600 Toll Free (800) 422-7773			
1. Name of Officeholder/Candidate Address City, State, and Zip Phone Number Office District Number 2. Type of Report: (check only one) This report covers what period? (//) through (//) First Quarter (due April 15) Fourth Quarter (due January 15) Second Quarter (due July 15) Closing Out of Carryover Account 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	Office helder / Condidete Info		(C1			
Address City, State, and Zip Phone Number Office District Number 2. Type of Report: (check only one) This report covers what period? (//_) through (/_/		ormation	(me stamp)			
City, State, and Zip Phone Number Office District Number 2. Type of Report: (check only one) This report covers what period? (//) through (//) First Quarter (due April 15) Fourth Quarter (due January 15) Second Quarter (due July 15) Annual Report for Calendar Year (due January 31) Third Quarter (due October 15) Closing Out of Carryover Account 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	1. Ivaine of Officeriolder/ Candidate					
Office District Number 2. Type of Report: (check only one) This report covers what period? (//) through (//) First Quarter (due April 15) Second Quarter (due July 15) Third Quarter (due October 15) Closing Out of Carryover Account 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	Address					
2. Type of Report: (check only one) This report covers what period? (//) through (//) First Quarter (due April 15)	City, State, and Zip	Phone Number				
First Quarter (due April 15)	Office	District Number				
□ Second Quarter (due July 15) □ Annual Report for Calendar Year	2. Type of Report: (check only one) This report covers what period? (/) through (/)					
3. Balance of carryover funds at beginning of reporting period	□ Second Quarter (due July 15) □ Annual Report for Calendar Year					
of reporting period	SUMMARY	FOR REPORTING PERIOD	YEAR-TO-DATE			
	,					
4. Interest (if any) earned on carryover account	4. Interest (if any) earned on carryover account					
5. Total expenditures (enter amount from line 10)	5. Total expenditures (enter amount from line 10)					
6. Balance of carryover funds at close of	· · · · · · · · · · · · · · · · · · ·					
reporting period	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						

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.

Signature of Notary

Sworn to and subscribed before me, a Notary Public, in and for ______ County, Arkansas, on this _____ day of

_____, 20_____.

My Commission Expires: _____

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.

7. ITEMIZED EXPENDITURES OVER \$100

Please Type or Print
(Use copies of this page as needed)

Name and Address of Supplier/Payee	Description of Expenditure	Date	Amount of Expenditure
8. TOTAL ITEMIZED EXPENDITURES			
9. TOTAL NONITEMIZED EXPENDITURES			
10. TOTAL EXPENDITURES (includes lines 8 and 9)			