# COUNTY POLITICAL PARTY COMMITTEE QUARTERLY REPORTING FORM

To be filed with:

(Legible Notary Seal)

My Commission Expires:

For assistance in completing

this form contact:

Calendar Year Cole Jester, Secretary of State Arkansas Ethics Commission 500 Woodlane Street Post Office Box 1917 Little Rock, AR 72201 Little Rock, AR 72203 Phone (501) 682-5070 Phone (501) 324-9600 Fax (501) 682-3408 Toll Free (800) 422-7773 1. NAME OF COMMITTEE (IN FULL) 2. TYPE OF REPORT ☐ First Quarter—due April 15 covers January 1 through March 31 ADDRESS ☐ Second Quarter-due July 15 covers April 1 through June 30 ☐ Third Quarter–due Oct 15 covers July 1 through September 30 ☐ Fourth Quarter–due Jan 15 covers October 1 through December 31 CITY. STATE AND ZIP CODE 3. IS THIS REPORT AN AMENDMENT? ☐ YES ☐ NO FOR REPORTING SUMMARY **CUMULATIVE PERIOD TOTALS** 4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD 5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY) 6. TOTAL MONETARY CONTRIBUTIONS RECEIVED 7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES / COMMITTEES 8. ADMINISTRATIVE EXPENSES 9. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD 10. ( ) NO ACTIVITY (check if you have not received or made any contributions during this reporting period) 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 Committee Officer State of Arkansas } ss County of\_\_\_\_\_ Subscribed and sworn before me this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

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.

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 Public

## 11. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$200

Please Type or Print
Use Additional Copies of this Page if Necessary

Date	Name of Contributor	Address of Contributor	Employer/ Place Of Business	Amount Of Contribution	Cumulative Total for Year

### ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$200

Please Type or Print

Date	Name of Contributor	Address of Contributor	Employer/ Place Of Business	Amount Of Contribution	Cumulative Total for Year
	12. TOTAL ITEMIZED MONE RECEIVED DURING RE				
	13. TOTAL UNITEMIZED MO RECEIVED DURING RE	NETARY CONTRIBUTION	S		
	14. TOTAL MONETARY CO		s)		

### 15. ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$200

Please Type or Print
Use Additional Copies of this Page if Necessary

Date of Receipt	Full Name and Address of Contributor	Description of Nonmoney Item	Value of Nonmoney Item	Cumulative Total From This Contributor
	16. TOTAL ITEMIZED NONMONEY RECEIVED DURING REPORTIN			
	17. TOTAL NONITEMIZED NONMORECEIVED DURING REPORTIN	NEY CONTRIBUTIONS IG PERIOD	3	
	18. TOTAL NONMONEY CONTRIBU RECEIVED DURING REPORTIN			

#### **IMPORTANT**

In addition to monetary contributions, committees are required to report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides it with an item or service without charge or for a charge that 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.

### 19. ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$200

Please Type or Print
Use Additional Copies of this Page if Necessary

Date	Name of Candidate/Committee	Address of	Election for Which	Amount Of
	To Whom Contribution Made	Candidate/Committee	Contribution was Made	Contribution

### ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$200

Please Type or Print

Date	Name of Candidate/Committee To Whom Contribution Made	Address of Candidate/Committee	Election for Which Contribution was Made	Amount Of Contribution
	20. TOTAL ITEMIZED MONE CANDIDATES AND COM	TARY CONTRIBUTIONS M MITTEES DURING REPOR		
	21. TOTAL UNITEMIZED MO		S MADE TO	
	22. TOTAL MONETARY CON	ITRIBUTIONS MADE TO C	ANDIDATES	
	AND COMMITTEES DUR (to be entered on line #7)	ING REPORTING PERIOD		

### 23. ITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$200

Please Type or Print

Date	Name and Address of Candidate/Committee To Whom Contribution Made	Election (if applicable) for which contribution was made	Description of Nonmoney Item	Value of Nonmoney Item
		MITTEES DURING REPOR	TING PERIOD	
	25. TOTAL UNITEMIZED NON CANDIDATES AND COMI 26. TOTAL NONMONEY COM	MITTEES DURING REPOR	TING PERIOD	
	AND COMMITTEES DURING REPORTING PERIOD			

### 27. ITEMIZED ADMINISTRATIVE EXPENSES OVER \$100

Please Type or Print

Date	Name and Address of Supplier/Payee	Description of Expenditure	Amount of Expenditure
	'EMIZED ADMINISTRATIVE EXPEN REPORTING PERIOD	ISES INCURRED	
	ONITEMIZED ADMINISTRATIVE EX	XPENSES INCURRED	
	REPORTING PERIOD		
	ING PERIOD (to be entered on line #8)	IKKED DURING	