# POLITICAL PARTY QUARTERLY REPORTING FORM

To be filed with:

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 POLITICAL PARTY 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 PERIOD SUMMARY 4. TOTAL CONTRIBUTIONS RECEIVED (enter total from line 18) 5. TOTAL DISBURSEMENTS MADE (enter total from line 22) 6. ( ) NO ACTIVITY (check if political party has not received any contributions or made any disbursements during the reporting period) I certify under oath that I have examined this report and to the best of my knowledge and belief the information disclosed herein is complete, true, and accurate. Signature of Political Party Representative State of Arkansas } ss County of Subscribed and sworn before me this \_\_\_\_\_\_\_, 20\_\_\_\_\_\_. Signature of Notary Public (Legible Notary Seal) 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.

### 7. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

Date	Name and Address of Lending Institution	Guarantor(s) if any	Amount
8	3. TOTAL LOANS RECEIVED DURING REP	ORTING PERIOD	

### 9. CONTRIBUTORS OF MORE THAN \$200

Provide the Information Below with Respect to
Each Person Who Made a Contribution or Contributions
Which in the Aggregate Exceeded \$200 During the Calendar Quarter
Please Type or Print
Use Additional Copies of this Page if Necessary

Name of Contributor	Address of Contributor	Employer <u>and</u> Occupation of Contributor	Date of Contribution	Amount of Contribution
	Contributor	Occupation of Contributor	Contribution	Contribution

### **CONTRIBUTORS OF MORE THAN \$200**

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

Name of Contributor	Address of Contributor	Employer <u>and</u> Occupation of Contributor	Date of Contribution	Amount of Contribution
	TOTAL ITEMIZED MONETARY CONTRIBUTIONS     RECEIVED DURING REPORTING PERIOD      TOTAL UNITEMIZED MONETARY CONTRIBUTIONS     RECEIVED DURING REPORTING PERIOD			
	12. TOTAL LOANS RECEIVED DURING REPORTING PERIOD (enter total from line 8)			
	13. TOTAL LOANS AND MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (includes totals from lines 10, 11, and 12)			
	(includes totals from	in indes 10, 11, and 12)		

## 14. ITEMIZED NONMONEY CONTRIBUTIONS OF MORE THAN \$200 RECEIVED BY PARTY

Please Type or Print
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Date	Name and Address of Contributor	Employer and Occupation of Contributor	Description of Nonmoney Item	Value of Nonmoney Item
				,
	45 7074 175141755 1401			
	15. TOTAL ITEMIZED MONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD			
	16. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD  17. TOTAL NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD  18. TOTAL CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (includes totals from lines 13 and 17)			

#### **IMPORTANT**

In addition to monetary contributions, political parties are required to report the receipt of any nonmoney ("in-kind") contributions. A political party 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 DISBURSEMENTS OF MORE THAN \$100

Please Type or Print
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Name of Person To Whom Disbursement Made	Address of Recipient	Date	Amount of Disbursement

### **ITEMIZED DISBURSEMENTS OF MORE THAN \$100**

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

Name of Person To Whom	Address	Date	Amount of
Disbursement Made	of Recipient		Disbursement
20 TOTAL ITEMIZ	ZED DISBUREMENTS MADE		
	ORTING PERIOD		
	MIZED DISBURSEMENTS		
	G REPORTING PERIOD		
	IRSEMENTS MADE		
	ORTING PERIOD		