

# CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

**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**

Check if this report is an amendment

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

**THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE  
 THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE**

**1. Name of Candidate**

Mary P. "Prissy" Hickerson

**Address**

2805 Forest Avenue

**City, State and Zip**

Texarkana, AR 71854

**Phone Number:**

870-773-1603

**Office Sought**

State Representative District 001

**District Number:**

1

Does the candidate have a campaign committee? ( ) Yes (X) No

If yes, complete the following:

Name of Chairperson/Treasurer:

Mailing Address:

Phone Number:

(Secretary of State File Stamp)

**2. Type of Election:** (check one only)

Year of Election: 2014

Primary  Primary Runoff  General  General Runoff  Special

**3. Type of Report:** (check one only)

This report covers what period? ( 06 / 01 / 14 ) through ( 06 / 30 / 14 )

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> 10 Day Preelection              | <input type="checkbox"/> January Monthly  | <input checked="" type="checkbox"/> June Monthly | <u>Special Elections Only:</u>            |
| <input type="checkbox"/> First Quarter (due April 15)    | <input type="checkbox"/> February Monthly | <input type="checkbox"/> July Monthly            | <input type="checkbox"/> May Monthly      |
| <input type="checkbox"/> Second Quarter (due July 15)    | <input type="checkbox"/> March Monthly    | <input type="checkbox"/> August Monthly          | <input type="checkbox"/> November Monthly |
| <input type="checkbox"/> Third Quarter (due October 15)  | <input type="checkbox"/> April Monthly    | <input type="checkbox"/> September Monthly       | <input type="checkbox"/> December Monthly |
| <input type="checkbox"/> Fourth Quarter (due January 15) |   | <input type="checkbox"/> October Monthly         |   |

**SUMMARY**

**FOR REPORTING PERIOD**

**CUMULATIVE TOTAL**

<b>4. Balance of campaign funds at beginning of reporting period</b>	8,236.53	
<b>5. Interest (if any) earned on campaign account</b>	0.00	0.00
<b>6. Total Loans (enter total from line 12)</b>	0.00	0.00
<b>7. Total Monetary Contributions (enter total from line 18)</b>	0.00	10,050.00
<b>8. Total Expenditures (enter total from line 27)</b>	550.00	6,251.43
<b>9. Balance of campaign funds at close of reporting period</b>	7,686.53	

**10. ( ) NO ACTIVITY** (check if you have not received contributions, loans, or made expenditures during this reporting period)

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

\_\_\_\_\_  
 Signature of Candidate or Candidate's Representative

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

(Legible Notary Seal)

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

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.**

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 7-6-201 through § 7-6-227. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

## 11. LOAN INFORMATION

Please Type or Print  
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
<b>12. TOTAL LOANS DURING REPORTING PERIOD</b>			\$ 0.00

### **IMPORTANT**

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign, or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 11.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 11.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then those personal funds would not be reported in Section 11. Instead, they would be reported as a campaign contribution either in Section 15 or on line 17, depending upon the amount.

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REVISED 08/09

### 13. NONMONEY CONTRIBUTIONS

(Does not include volunteer services by individuals)

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
<b>14. TOTAL NONMONEY CONTRIBUTIONS</b>			0.00	

### **IMPORTANT**

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary (“in-kind”) contributions. A candidate receives an in-kind contribution whenever a person provides him with an item or service without charge or for a charge which 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. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission’s Rules on Campaign Finance & Disclosure.

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## 15. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print  
(Use Additional Copies Of This Page If Necessary)

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary Election <input type="checkbox"/> Primary Run-Off <input type="checkbox"/> General Election <input type="checkbox"/> General Run-Off <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary Election <input type="checkbox"/> Primary Run-Off <input type="checkbox"/> General Election <input type="checkbox"/> General Run-Off <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary Election <input type="checkbox"/> Primary Run-Off <input type="checkbox"/> General Election <input type="checkbox"/> General Run-Off <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary Election <input type="checkbox"/> Primary Run-Off <input type="checkbox"/> General Election <input type="checkbox"/> General Run-Off <input type="checkbox"/> Debt	
<b>Subtotal of Contributions This Page</b>			0.00	

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# ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary Election <input type="checkbox"/> Primary Run-Off <input type="checkbox"/> General Election <input type="checkbox"/> General Run-Off <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary Election <input type="checkbox"/> Primary Run-Off <input type="checkbox"/> General Election <input type="checkbox"/> General Run-Off <input type="checkbox"/> Debt	
<b>16. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50</b>			0.00	
<b>17. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS</b>			0.00	
<b>18. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 16 and 17)			0.00	

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## 23. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print  
(Use additional copies of this page if necessary)

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
Texarkana Razorback Athletic Founda 1920 East 18th Street Texarkana, AR 71854	Advertising, Banner at stadium	06/23/2014	300.00
Komen Texarkana Race for the Cure 4530 Summerhill Road Texarkana, TX 75504	Sponsorship, advertising	06/23/2014	250.00
<b>24. TOTAL ITEMIZED EXPENDITURES THIS REPORT</b>			550.00
<b>25. TOTAL NONITEMIZED EXPENDITURES THIS REPORT</b>			0.00
<b>26. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter total from line 22)</b>			0.00
<b>27. TOTAL EXPENDITURES THIS REPORT (includes lines 24, 25 and 26)</b>			550.00

**Note: All Expenditures Reflected on Lines 24, 25, and 26 Should Be Totaled by Category In Section 19**

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