# CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

For assistance in completing

|  |  |  |
| --- | --- | --- |
| **To be filed with:** |  | this form contact: |
| **Mark Martin, Secretary of State** |  | Arkansas Ethics Commission |
| **State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070** | Check if this report is an amendment | Post Office Box 1917Little Rock, AR 72203-1917 Phone (501) 324-9600 |
| **Fax (501) 682-3408** |  | 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

Address

City, State and Zip Phone Number:



|  |
| --- |
| Office Sought District Number:Does the candidate have a campaign committee? ( )Yes ( )No *(Secretary of State File Stamp)*If yes, complete the following: Name of Chairperson/Treasurer:Mailing Address: Phone Number:**2. Type of Election:** (check one only) Year of Election: * Primary Primary Runoff General General Runoff Special

**3. Type of Report: (check one only)** This report covers what period? ( / / ) through ( / / )10 Day Preelection January Monthly June Monthly November MonthlyFirst Quarter (due April 15) February Monthly July Monthly December MonthlySecond Quarter (due July 15) March Monthly August MonthlyThird Quarter (due October 15) April Monthly September MonthlyFourth Quarter (due January 15) May Monthly October Monthly**SUMMARY FOR REPORTING PERIOD CUMULATIVE TOTAL** |
| **4.** Balance of campaign funds at beginning of reporting period |  |  |
| **5.** Interest (if any) earned on campaign account |  |  |
| **6.** Total Loans (enter total from line 12) |  |  |
| **7.** Total Monetary Contributions (enter total from line 18) |  |  |
| **8.** Total Expenditures (enter total from line 27) |  |  |
| **9.** Balance of campaign funds at close of reporting period |  |  |
| **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.**

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.

REVISED 08/2015

# 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **12. TOTAL LOANS DURING REPORTING PERIOD** | $ |

## 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.

## 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **14. TOTAL NONMONEY CONTRIBUTIONS** |  |  |

## 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 contributor 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.

# 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** |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  | **Subtotal of Contributions** | **This Page** |  |  |

# 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** |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
|  |  |  | Primary Run-OffGeneral Debt |  |
| **16. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER $50** |  |  |
| **17. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS** |  |  |
| **18. TOTAL MONETARY CONTRIBUTIONS THIS REPORT**(includes totals from lines 16 and 17) |  |  |

# 19. CAMPAIGN EXPENDITURES BY CATEGORY

Please Type or Print

|  |  |
| --- | --- |
| **CATEGORY** | **TOTAL AMOUNT** |
| Filing Fee |  |
| Television Advertising |  |
| Radio Advertising |  |
| Newspaper Advertising |  |
| Other Advertising |  |
| Office Supplies |  |
| Rent |  |
| Utilities |  |
| Telephone |  |
| Postage |  |
| Direct Mail |  |
| Travel Expenses |  |
| Entertainment |  |
| Fundraising |  |
| Repayment of Loans |  |
| Returned Contributions |  |
| Consultant Fees |  |
| Polls |  |
| Paid Campaign Workers |  |
| Other (list) |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **20. TOTAL CAMPAIGN EXPENDITURES** |  |

**21. PAID CAMPAIGN WORKERS**

(Include any person you paid to work on your campaign, does not have to be full-time worker)

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF WORKER | AMOUNT PAID | NAME OF WORKER | AMOUNT PAID |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **22. TOTAL AMOUNT PAID CAMPAIGN WORKERS** |  |

# 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **24. TOTAL ITEMIZED EXPENDITURES THIS REPORT** |  |
| **25. TOTAL NONITEMIZED EXPENDITURES THIS REPORT** |  |
| **26. TOTAL PAID CAMPAIGN WORKERS THIS REPORT (enter total from line 22)** |  |
| **27. TOTAL EXPENDITURES THIS REPORT (includes lines 24, 25 and 26)** |  |

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