

# DISCLOSURE BY LEGISLATOR PURSUANT TO ARK. CODE ANN. § 21-8-803

Please print or type

WHERE TO FILE:

- Members of General Assembly file with  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

For assistance in completing  
this form contact:

Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

- Members of a quorum court file with the county clerk
- Members of a city council or board of directors of a municipality file with the city clerk or recorder

NAME OF LEGISLATOR: \_\_\_\_\_  
(Last) (First) (Middle)

DATE LEGISLATOR BECAME AWARE OF POTENTIAL CONFLICT: \_\_\_\_\_

DESCRIPTION OF MATTER REQUIRING ACTION: \_\_\_\_\_

STATEMENT OF POTENTIAL CONFLICT: \_\_\_\_\_

State of Arkansas } ss  
County of \_\_\_\_\_ Signature \_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public

Pursuant to Ark. Code Ann. § 21-8-803:

- (a) A legislator who is required to take an action in the discharge of his or her official duties that may affect his or her financial interest or cause financial benefit or detriment to him or her, or a business in which he or she is an officer, director, stockholder owning more than ten percent (10%) of the stock of the company, owner, trustee, partner, or employee, which is distinguishable from the effects of the action on the public generally or a broad segment of the public shall:
  - (1) Prepare a written statement describing the matter requiring action and stating the potential conflict; and
  - (2) (A) Deliver a copy of the statement to the appropriate official to be filed with the statement of financial interest.
    - (B) The copy of the statement may be delivered in person by the public official, by mail, or by a person authorized by the public official to deliver the copy.
- (b) The obligation to report a potential conflict of interest under Ark. Code Ann. § 21-8-803 arises as soon as the legislator is aware of the conflict.
- (c) If the statement of financial interest filed by the legislator makes the conflict readily apparent, then no report need be filed.

**DISCLOSURE BY MEMBER (OR MEMBER-ELECT)  
OF THE ARKANSAS GENERAL ASSEMBLY  
PURSUANT TO ARK. CODE ANN. § 21-8-901**

*Please print or type*

**WHERE TO FILE:**

Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

CALENDAR YEAR COVERED \_\_\_\_\_

(NOTE: filing covers previous calendar year)

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Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

NAME OF MEMBER (or MEMBER-ELECT)  
OF ARKANSAS GENERAL ASSEMBLY:

(Last)

(First)

(Middle)

ADDRESS:

(Street or P.O. Box Number)

(City)

(State)

(Zip Code)

**1. DESCRIPTION OF GOODS OR SERVICES:** List any goods or services sold by the Member (or Member-elect) of the Arkansas General Assembly, his or her spouse, or any business in which such person or his or her spouse is an officer, director, or stockholder owning more than ten percent (10%) of the stock, during the previous calendar year having a total annual value in excess of one thousand (\$1,000) dollars to an office, department, commission, council, board, bureau, committee, legislative body, agency, or other establishment of the State of Arkansas.

**2. GOVERNMENTAL ENTITY TO WHICH GOODS OR SERVICES WERE SOLD:** List the name of the office, department, commission, council, board, bureau, committee, legislative body, agency, or other establishment of the State of Arkansas to which goods or services were sold.

**3. NAME OF SELLER:** List the name of the seller (i.e., Member (or Member-elect) of the Arkansas General Assembly, his or her spouse, or any business in which such person or his or her spouse is an officer, director, or stockholder owning more than ten percent (10%) of the stock).

**4. RELATIONSHIP OF SELLER TO MEMBER (OR MEMBER-ELECT):**

I certify under penalty of perjury that the above information is true and correct.

State of Arkansas                      } ss  
County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Member (or Member-Elect)

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires:

\_\_\_\_\_  
Notary Public

**DISCLOSURE BY MEMBER (OR MEMBER-ELECT)  
OF THE ARKANSAS GENERAL ASSEMBLY  
PURSUANT TO ARK. CODE ANN. § 21-8-901**

**Subchapter 9, Chapter 8, of Title 21 of the Arkansas Code  
Disclosure by Legislators – Sales to the State**

**Ark. Code Ann. § 21-8-901. Disclosure Required.**

In addition to the required filings under § 21-8-701, a member or a member-elect of the General Assembly shall report any goods or services sold during the previous calendar year having a total annual value in excess of one thousand dollars (\$1,000) to an office, department, commission, council, board, bureau, committee, legislative body, agency, or other establishment of the State of Arkansas by the member, his or her spouse, or by any business in which such person or his or her spouse is an officer, director, or stockholder owning more than ten percent (10%) of the stock.

**Ark. Code Ann. § 21-8-902. Place of Filing – Form.**

(a) The disclosure required by § 21-8-901 shall be filed with the Secretary of State at the same time as the filing of the statement of financial interest required under § 21-8-701 et seq.

(b) The disclosure shall be on a form requiring the signature of the member, under penalty of perjury, with respect to the truth and accuracy of the statements made on the form.

**Ark. Code Ann. § 21-8-903. Penalty.**

Any person who purposely violates the provisions of this subchapter shall be deemed guilty of a Class A misdemeanor.

# EXPLORATORY COMMITTEE REGISTRATION FORM

NOTE: The exploratory committee registration form of a committee for an individual person who, upon becoming a candidate will seek a school district, township, municipal, or county office, is required to be filed with the county clerk of the county in which the election will be held. The exploratory committee registration form of a committee for an individual person who, upon becoming a candidate will seek a state or district office, is required 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

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Little Rock, AR 72203-1917  
Phone (501) 324-9600  
Toll Free (800) 422-7773

**1. Provide the name, telephone number, and address for the committee:**

Name of Committee: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Provide the name, title, address, and telephone number for each officer:**

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

b. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

c. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

d. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Provide the name, public office sought, telephone number, and address of the individual person who, upon becoming a candidate, is intended to receive campaign contributions from the committee:**

Name of Candidate: \_\_\_\_\_ Telephone: \_\_\_\_\_

Public Office Sought: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

An exploratory committee is required to register within fifteen (15) days after receiving contributions during a calendar year which, in the aggregate, exceed five hundred dollars (\$500).

**Affidavit**

I certify under oath that the above information is true and correct.

\_\_\_\_\_  
Signature of Committee Officer

State of Arkansas

} ss.

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Legible Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

# EXPLORATORY COMMITTEE CONTRIBUTION AND EXPENDITURE REPORT

NOTE: The exploratory committee reporting form of a committee for an individual person who, upon becoming a candidate will seek a school district, township, municipal, or county office, is required to be filed with the **county clerk** of the county in which the election will be held. The exploratory committee reporting form of a committee for an individual person who, upon becoming a candidate will seek a state or district office, is required to be filed with:

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 Phone (501) 324-9600  
 Toll Free (800) 422-7773

☐ Check if this report is an amendment

(File Stamp)

1. Name of Committee: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Type of Report: (check one only)

This report covers what period? (\_\_\_\_/\_\_\_\_/\_\_\_\_) through (\_\_\_\_/\_\_\_\_/\_\_\_\_)

- ☐ January Monthly (due March 2<sup>nd</sup>)    ☐ May Monthly (due June 30<sup>th</sup>)    ☐ September Monthly (due Oct 30<sup>th</sup>)  
☐ February Monthly (due March 30<sup>th</sup>)    ☐ June Monthly (due July 30<sup>th</sup>)    ☐ October Monthly (due Nov 30<sup>th</sup>)  
☐ March Monthly (due April 30<sup>th</sup>)    ☐ July Monthly (due August 30<sup>th</sup>)    ☐ November Monthly (due December 30<sup>th</sup>)  
☐ April Monthly (due May 30<sup>th</sup>)    ☐ August Monthly (due Sept 30<sup>th</sup>)    ☐ December Monthly (due January 30<sup>th</sup>)  
☐ FINAL REPORT\*

\* A FINAL REPORT must be filed within thirty (30) days after the end of the month in which the committee either transfers its contributions to a candidate's campaign or no longer accepts contributions.

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
3. Balance of Committee's Funds at Beginning of Reporting Period		
4. Interest (if any) Earned on Committee's Account		
5. Total Contributions (enter total from line 16)		
6. Total Expenditures (enter total from line 20)		
7. Balance of Committee's Funds at Close of Reporting Period		
8. ( ) NO ACTIVITY (check if the committee has not received or spent money 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 the committee's contributions and expenditures.

Signature of Committee'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.

(Does not include volunteer services by individuals)

## 12. TOTAL NONMONEY CONTRIBUTIONS

## Revised 08/2015

### 13. 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
Subtotal of Contributions This Page				

(Use Additional Copies Of This Page If Necessary)

## 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
<b>14. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50</b>				
<b>15. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS</b>				
<b>16. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (totals from lines 14 and 15)				



## 17. ITEMIZED EXPENDITURES OVER \$100

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

[illegible]

# INDEPENDENT EXPENDITURE COMMITTEE REGISTRATION FORM

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

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Toll Free (800) 422-7773

Is this report an amendment? ☐ Yes ☐ No

## **Section One: Independent Expenditure Committee Name**

If the name of the committee is an acronym, the full name of the committee and the acronym should be disclosed.

Name of Committee (in full): \_\_\_\_\_

Acronym (if applicable): \_\_\_\_\_

## **Section Two: Independent Expenditure Committee Address & Phone Number**

If the committee has no office address, use the address of the officer authorized to receive notices on behalf of the committee.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## **Section Three: Independent Expenditure Committee Officers**

Provide the name, address, telephone number, and place of employment for each officer of the committee.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Section Four: Financial Institution**

Provide the financial institution that the committee designates as its official depository for purposes of receiving contributions or making expenditures within the State of Arkansas.

Full Name of Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Five: Written Acceptance of Designation as Resident Agent**

I hereby accept the designation as Resident Agent.

\_\_\_\_\_  
Signature of Resident Agent

\_\_\_\_\_  
Name of Resident Agent

\_\_\_\_\_  
Address of Resident Agent

**Affidavit**

I certify under oath that the above information is true and correct. In addition, I certify that the committee shall maintain for a period of four (4) years records evidencing (1) the name, address, and place of employment of each person who contributed to the committee, along with the amount contributed, and (2) each independent expenditure made by the committee, along with the amount of each expenditure. By filing this registration form, the committee hereby submits itself to the jurisdiction of the State of Arkansas for all purposes related to compliance with subchapter 2 of chapter 6, Title 7 of the Arkansas Code.

\_\_\_\_\_  
Signature of Committee Officer

State of Arkansas

} ss.

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires: \_\_\_\_\_

## INDEPENDENT EXPENDITURE REPORT FOR COMMITTEES, INDIVIDUALS, AND OTHER ENTITIES

**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**

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Post Office Box 1917  
Little Rock, AR 72203-1917  
Phone (501) 324-9600  
Toll Free (800) 422-7773

☐ Check if this report is an amendment

Please Type or Print

1. Name of independent expenditure committee, individual or other entity making independent expenditures:	
Address:	
City, State, and Zip	Telephone Number

**2. Type of Report (check appropriate box)**

Covers period (     /     /     ) through (     /     /     )  
month/date/year month/date/year

- ☐ 35 Day Pre-Election Report (must be filed no later than 30 days prior to election)
- ☐ 10 Day Pre-Election Report (must be filed no later than 7 days prior to election)
- ☐ Final Report (must be filed no later than 30 days after the end of the month in which the election is held)

**3. Type of Election:** (check only one) **Date of Election:** \_\_\_\_\_

☐ Preferential Primary    ☐ General    ☐ Run-off    ☐ Special

Summary	For Reporting Period	Cumulative
4. Balance of Funds at Beginning of Reporting Period (Committees only)		
5. Interest (if any) earned on account (Committees only)		
6. Total Loans, enter amount from line 12 (Committees only)		
7. Total Monetary Contributions, enter amount from line 16 (Committees only)		
8. Total Expenditures, enter amount from line 22		
9. Balance of Funds at Close of Reporting Period (Committees only)		

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct, and complete.

(Signature of Individual or of Authorized Representative of Committee or Entity)

Sworn to and subscribed before me, a Notary Public, in and for \_\_\_\_\_ County, Arkansas,  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ (Notary Signature)

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.

REVISÉ 08/2015

**10. INFORMATION CONCERNING COMMITTEE, INDIVIDUAL, OR OTHER ENTITY  
MAKING INDEPENDENT EXPENDITURES**

IF FILING AS AN INDEPENDENT EXPENDITURE COMMITTEE, PROVIDE THE  
FOLLOWING INFORMATION FOR EACH OF THE COMMITTEE'S OFFICERS

Name of officer:
Address:
Employer:
Occupation:
Name of officer:
Address:
Employer:
Occupation:
Name of officer:
Address:
Employer:
Occupation:

IF FILING AS AN INDIVIDUAL, PROVIDE THE FOLLOWING INFORMATION

Principal Place of Business:
Employer:
Occupation:

IF FILING AS AN ENTITY OTHER THAN AN INDIVIDUAL OR INDEPENDENT  
EXPENDITURE COMMITTEE, PROVIDE THE FOLLOWING INFORMATION  
WITH RESPECT TO THE ENTITY AND ITS OFFICERS

Name of Entity:
Address:
Name of Officer:
Address:
Employer:
Occupation:
Name of Officer:
Address:
Employer:
Occupation:
Name of Officer:
Address:
Employer:
Occupation:

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.

**11. LOAN INFORMATION – COMMITTEES ONLY***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>			<b>\$</b>

**[This space intentionally blank]**

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**

**13. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50 – COMMITTEES ONLY**

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

Date	Name and Address of Contributor	Employer/Occupation And Place of Business	Total Contributions for filing period	Cumulative Total
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-off <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>14. Total Itemized Monetary Contributions</b>				
<b>15. Total Nonitemized Monetary Contributions</b>				
<b>16. Total Monetary Contributions This Report (includes lines 14 and 15)</b>				

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

**17. NONMONEY CONTRIBUTIONS – COMMITTEES ONLY**

Date	Full Name, Mailing Address and Zip Code of Contributor	Employer/Occupation	Description of Nonmoney Item	Value of Nonmoney Item
<b>18. Total Nonmoney Contributions This Report</b>				

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.



**19. ITEMIZED EXPENDITURES OVER \$100 – COMMITTEE, INDIVIDUAL, OR OTHER ENTITY***Please Type or Print**(Use copies of this page as needed)*

Name and Address of Supplier/Payee	Description of Expenditure	Date of Disbursement	Amount of Disbursement
<b>20. Total Itemized Expenditures This Report</b>			
<b>21. Total Nonitemized Expenditures This Report</b>			
<b>22. Total Expenditures This Report (includes lines 20 and 21)</b>			

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

(include any person paid to work, does not have to be a full-time worker)

[illegible]

## 24. EXPENDITURES BY CATEGORY

CATEGORY	TOTAL AMOUNT
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 Workers	
Other (list)	
<b>25. TOTAL EXPENDITURES</b>	

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.

REVISÉD 08/2015

## LEGISLATIVE QUESTION FINANCIAL REPORT OF INDIVIDUAL OR ELECTED OFFICIAL

**To be filed with:**  
**Arkansas Ethics Commission**  
**Post Office Box 1917**  
**Little Rock, AR 72203**  
**Phone (501) 324-9600**  
**Fax (501) 324-9606**

(Arkansas Ethics Commission File Stamp)

☐ Check if this report is an amendment to a previously filed report

**DRAFT**

1. NAME OF INDIVIDUAL OR ELECTED OFFICIAL	
ADDRESS	2. TYPE OF REPORT  <input type="checkbox"/> Monthly Report (due 15 days after end of month)  <input type="checkbox"/> Preelection Report (due 7 days before election)  <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE	
TELEPHONE NUMBER	

**This report covers period:** (       -       ) through (       -       )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD		

4. ( ) **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period.  
If you have no activity, file the first page of this report only.

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 Individual or Elected Official

State of Arkansas } ss  
County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Legible Notary Seal)

**Signature of Notary Public**

My Commission Expires \_\_\_\_\_

(NOTE: This includes not only expenditures made by the individual or elected official, but also expenditures made on their behalf by an advertising agency, public relations firm, or political consultant.)

Use Additional Copies of this Page if Necessary

Revised 12/2013

(NOTE: This includes not only expenditures made by the individual or elected official, but also expenditures made on their behalf by an advertising agency, public relations firm, or political consultant.)  
Please Type or Print

Please Type or Print

6. TOTAL ITEMIZED EXPENDITURES

7. TOTAL UNITEMIZED EXPENDITURES

8. TOTAL EXPENDITURES (to be entered on line #3)

## Please Type or Print

## ~~11. PAID CANVASSERS, OFFICERS, AND DIRECTORS~~

Revised 12/2013

**LEGISLATIVE QUESTION COMMITTEE ("LQC")  
FINANCIAL REPORT OF PERSON MEETING THE DEFINITION OF LQC SET  
FORTH IN § 7-9-402(10)(A)\***

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

☐ Check if this report is an amendment to a previously filed report

DRAFT

1. NAME OF COMMITTEE (IN FULL)	2. TYPE OF REPORT
ADDRESS	<input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER	

This report covers period: (     -     -     ) through (     -     -     )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD		
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD		
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD		
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD		
7. (     ) NO ACTIVITY     Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.		

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.

State of Arkansas  
County of \_\_\_\_\_ ) ss

\_\_\_\_\_  
Signature of Legislative Question Committee Officer

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Legible Notary Seal)  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\* Ark. Code Ann. § 7-9-402(10)(A) provides as follows: "legislative question committee" means any person, located within or outside Arkansas, that receives contributions for the purpose of expressly advocating the passage or defeat of any legislative question or any person, other than an elected official expending public funds, or an individual, located within or outside Arkansas, who makes expenditures for the purpose of expressly advocating the passage or defeat of any legislative question.

**Please Type or Print**  
**Do Not List Loans Previously Reported**

### Do Not List Loans Previously Reported

## 9. TOTAL LOANS THIS REPORT



**10. ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE**

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

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor

Please Type or Print

Revised 12/2013

**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**

(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT				

**IMPORTANT**

In addition to monetary contributions, committees should report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides the committee 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.

**RELATIONS FIRM, OR POLITICAL CONSULTANT**

Use Additional Copies of this Page if Necessary

[illegible]

## Please Type or Print

Revised 12/2013

Please Type or Print

Please Type or Print

## 21. TOTAL EXPENDITURES BY CATEGORY

## ~~22. PAID CANVASSERS, OFFICERS, AND DIRECTORS~~

23. TOTAL AMOUNT PAID CANVASSERS, OFFICERS, AND DIRECTORS	\$
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**LEGISLATIVE QUESTION COMMITTEE FINANCIAL REPORT OF  
PERSON MEETING THE 2%/\$10,000 TEST IN § 7-9-402(10)(B)\***

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

**DRAFT**

☐ Check if this report is an amendment to a previously filed report

<b>1. NAME OF INDIVIDUAL OR ELECTED OFFICIAL</b>	
<b>ADDRESS</b>	<b>2. TYPE OF REPORT</b>  <input type="checkbox"/> Monthly Report (due 15 days after end of month)  <input type="checkbox"/> Preelection Report (due 7 days before election)  <input type="checkbox"/> Final Report (due 30 days after election)
<b>CITY, STATE AND ZIP CODE</b>	
<b>TELEPHONE NUMBER</b>	

**This report covers period: (   -   -   ) through (   -   -   )**

<b><u>SUMMARY</u></b>	<b><u>FOR REPORTING PERIOD</u></b>	<b><u>CUMULATIVE TOTALS</u></b>
<b>3. TOTAL MONETARY CONTRIBUTIONS MADE DURING REPORTING PERIOD (Enter amount from line 8)</b>		

**4. (   ) NO ACTIVITY**    Check if you have not made any contributions during this reporting period.  
If you have no activity, file the first page of this report only.

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 Person Filing Report

State of Arkansas                      ) ss  
County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Legible Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_

\* Ark. Code Ann. § 7-9-402(10)(B) provides, in pertinent part, as follows: a person other than an individual or an approved political action committee as defined in § 7-6-201, located within or outside Arkansas ... qualifies as a legislative question committee if two percent (2%) or more of its annual revenues, operating expenses, or funds are used to make a contribution or contributions to another legislative question committee and if the contribution or contributions exceed ten thousand dollars (\$10,000) in value.

(NOTE: This includes not only expenditures made by the person, but also

Please Type or Print

<u>Date</u>	<u>Name of Committee to Whom Contribution was Made</u>	<u>Street Address</u>	<u>Amount of Contribution</u>	<u>Purpose of Contribution</u>
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Revised 12/2013



### ITEMIZED CONTRIBUTIONS OF \$100 OR MORE

(NOTE: This includes not only expenditures made by the person, but also contributions made on such person's behalf made by an advertising agency, public relations firm, or political consultant.)

Please Type or Print

[illegible]



# LEGISLATIVE QUESTION COMMITTEE (LQC) STATEMENT OF ORGANIZATION

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

**DRAFT**

☐ Check if this is an amendment to a previously filed statement of organization

## Section One: LQC Name

Name of LQC (in full): \_\_\_\_\_

## Section Two: LQC Address & Phone Number

If LQC has no office address, use the address of the LQC officer authorized to receive notices on behalf of the LQC.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Section Three: LQC Officers and Directors

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the LQC.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* The term "legislative question committee" is defined in Ark. Code Ann. § 7-9-402(10(A) and (B) and § 600(i)(1) and (2) of the Ethics Commission's Rules on Ballot and Legislative Question Committees.

Telephone Number: \_\_\_\_\_

**Section Four: Financial Information**

Provide the name and address of each financial institution in which the LQC deposits money or anything else of monetary value.

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Five: Members**

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

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**Section Six: Brief Statement**

Provide a brief statement identifying the substance of each legislative question as to which the LQC will expressly advocate the passage or defeat, and, if known, the date each legislative question will be presented to a popular vote at an election.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LQC Officer

**LEGISLATIVE QUESTION COMMITTEE (LQC)  
NOTICE OF DISSOLUTION**

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

1. NAME OF LQC (IN FULL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

2. REMAINING FUNDS ON HAND AT TIME OF DISSOLUTION \$ \_\_\_\_\_

3. METHOD BY WHICH REMAINING FUNDS WERE DISPOSED OF:

- ☐ Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)
- ☐ An organized political party or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives
- ☐ A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code
- ☐ Cities of the first class, cities of the second class, or incorporated towns
- ☐ Contributors to the LQC

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF LQC OFFICER

# LOBBYIST ACTIVITY REPORT

If registered to lobby only public servants  
of state government\* file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

Filing for \_\_\_\_\_  
(year)

☐ Check here 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

\*Lobbyists who lobby public servants of (i) municipal government, (ii) county government, (iii) a governmental body covering a district which includes all or part of more than one county, or (iv) more than one type of governmental body should review Ark. Code Ann. § 21-8-602 to determine where to make their filings.

## INDIVIDUAL LOBBYIST OR FIRM INFORMATION

Print or Type

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### TYPE OF REPORT

- ☐ First Quarter (due April 15)  
☐ Second Quarter (due July 15)  
☐ Third Quarter (due October 15)  
☐ Fourth Quarter (due January 15)  
☐ Monthly Report for \_\_\_\_\_  
☐ **NO ACTIVITY** (Check if you are reporting no activity for all clients; file this page only)

Secretary of State File Stamp

### SIGNATURE

(If registered as a firm, each lobbyist listed on the firm registration must sign this report. Attach additional sheets if necessary)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

### AFFIDAVIT

I swear that I shall preserve and maintain for a period of four (4) years all documentation necessary to substantiate this report and that the information contained herein is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Individual Lobbyist or Contact Person for Firm

State of Arkansas

County of \_\_\_\_\_ )ss

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Legible Notary Seal)

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

My Commission Expires \_\_\_\_\_

**Note: If faxed, raised notary seal must be inked and the original must follow within ten (10) days.**

# EXPENDITURES PER EMPLOYER OR CLIENT

Itemized and Non Itemized

Use additional copies of this page is necessary

Employer/Client Address Phone		Employer/Client Address Phone	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
<b>Total</b>		<b>Total</b>	

Employer/Client Address Phone		Employer/Client Address Phone	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
<b>Total</b>		<b>Total</b>	

Employer/Client Address Phone		Employer/Client Address Phone	
Item	Amount	Item	Amount
Advertising		Advertising	
Entertainment		Entertainment	
Food, Lodging or Travel		Food, Lodging or Travel	
Living Accommodations		Living Accommodations	
Postage		Postage	
Printing		Printing	
Special Events		Special Events	
Telephone		Telephone	
Other (list)		Other (list)	
<b>Total</b>		<b>Total</b>	

## GIFTS

List each gift with a value exceeding \$100  
Use additional copies of this page if necessary

DATE			
COST/VALUE OF GIFT	\$		
PUBLIC SERVANT BENEFITTED	First	MI	Last Governmental Body of Public Servant
DESCRIPTION OF GIFT			
AMOUNT PAID	\$		
NAME OF EMPLOYER/CLIENT			
NAMES OF OTHER LOBBYISTS SHARING COST			

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DATE			
COST/VALUE OF GIFT	\$		
PUBLIC SERVANT BENEFITTED	First	MI	Last Governmental Body of Public Servant
DESCRIPTION OF GIFT			
AMOUNT PAID	\$		
NAME OF EMPLOYER/CLIENT			
NAMES OF OTHER LOBBYISTS SHARING COST			

---

DATE			
COST/VALUE OF GIFT	\$		
PUBLIC SERVANT BENEFITTED	First	MI	Last Governmental Body of Public Servant
DESCRIPTION OF GIFT			
AMOUNT PAID	\$		
NAME OF EMPLOYER/CLIENT			
NAMES OF OTHER LOBBYISTS SHARING COST			

---

DATE			
COST/VALUE OF GIFT	\$		
PUBLIC SERVANT BENEFITTED	First	MI	Last Governmental Body of Public Servant
DESCRIPTION OF GIFT			
AMOUNT PAID	\$		
NAME OF EMPLOYER/CLIENT			
NAMES OF OTHER LOBBYISTS SHARING COST			



## FOOD, LODGING OR TRAVEL

List expenditures exceeding \$40 per person per day for food (including beverages), lodging or travel

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$	
PUBLIC SERVANT BENEFITED	First	MI	Last		Governmental Body Represented
DESCRIPTION OF ITEM					
NAME OF CONFERENCE, SEMINAR OR EVENT					
PURPOSE OF TRAVEL OR LODGING					
LODGING INFORMATION	Name of lodging establishment				
	Address		City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)				
	\$				
TRAVEL INFORMATION	Name of Entity Receiving Payment				
	Cost/Fair Market Value of Travel (List Greater Value)				
	\$				
EMPLOYER/CLIENT					
NAMES OF OTHER LOBBYISTS SHARING COST					

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$	
PUBLIC SERVANT BENEFITED	First	MI	Last		Governmental Body Represented
DESCRIPTION OF ITEM					
NAME OF CONFERENCE, SEMINAR OR EVENT					
PURPOSE OF TRAVEL OR LODGING					
LODGING INFORMATION	Name of lodging establishment				
	Address		City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)				
	\$				
TRAVEL INFORMATION	Name of Entity Receiving Payment				
	Cost/Fair Market Value of Travel (List Greater Value)				
	\$				
EMPLOYER/CLIENT					
NAMES OF OTHER LOBBYISTS SHARING COST					

## Food, Lodging or Travel Continued

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Represented
DESCRIPTION OF ITEM				
NAME OF CONFERENCE, SEMINAR OR EVENT				
PURPOSE OF TRAVEL OR LODGING				
LODGING INFORMATION	Name of lodging establishment			
	Address	City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)			
	\$			
TRAVEL INFORMATION	Name of Entity Receiving Payment			
	Cost/Fair Market Value of Travel (List Greater Value)			
	\$			
EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

DATE OF EXPENDITURE	/	/	AMOUNT PAID TOWARD EXPENDITURE	\$
PUBLIC SERVANT BENEFITED	First	MI	Last	Governmental Body Represented
DESCRIPTION OF ITEM				
NAME OF CONFERENCE, SEMINAR OR EVENT				
PURPOSE OF TRAVEL OR LODGING				
LODGING INFORMATION	Name of lodging establishment			
	Address	City	State	Zip
	Cost/Fair Market Value of Lodging (List Greater Value)			
	\$			
TRAVEL INFORMATION	Name of Entity Receiving Payment			
	Cost/Fair Market Value of Travel (List Greater Value)			
	\$			
EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

## OTHER ITEMS

List any item with a value exceeding \$40

DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				
DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				
DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				
DATE ITEM GIVEN				
COST/VALUE OF ITEM	\$			
PUBLIC SERVANT BENEFITTED	First	MI	Last	Governmental Body of Public Servant
AMOUNT PAID				
DESCRIPTION OF ITEM				
NAME OF EMPLOYER/CLIENT				
NAMES OF OTHER LOBBYISTS SHARING COST				

## SPECIAL EVENTS

(Includes Hospitality Rooms)

Use additional copies of this page if necessary

DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	
DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	
DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	
DATE(S) OF EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
GOVERNMENTAL BODY OR GROUP(S) OF PUBLIC SERVANTS INVITED	
AMOUNT PAID TOWARD TOTAL EXPENDITURE	
NAME OF EMPLOYER/CLIENT	
OTHER LOBBYISTS SHARING COST	

## OTHER EXPENDITURES

Have you loaned or promised money or established a line of credit for or on behalf of a public servant over \$25 per individual? ☐ Yes ☐ No

If yes, complete the following information:

Date	Public Servant Benefited/Governmental Body Represented	Amount
		\$
		\$
		\$

Do you have a direct business association or partnership with any public servant whom you may lobby? ☐ Yes ☐ No

If yes, state the name of each such public servant and describe the business association or partnership in detail.

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_

Name of public servant: \_\_\_\_\_

Business relationship: \_\_\_\_\_  
\_\_\_\_\_

# LOBBYIST REGISTRATION FORM

*Please print or type*

If registering to lobby only public servants  
of state government\* file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

\*Lobbyists who lobby public servants of (i) municipal government, (ii) county government, (iii) a governmental body covering a district which includes all or part of more than one county, or (iv) more than one type of governmental body should review Ark. Code Ann. § 21-8-602 to determine where to make their filings.

Registration for \_\_\_\_\_  
(year)

☐ Check if this is an amended registration

## Entity to be Lobbied

*Check each applicable box*

- |   |  |
|---|--|
| <input type="checkbox"/> Members of the General Assembly                  | <input type="checkbox"/> Public Servants of State Government |
| <input type="checkbox"/> Public Servants of County Government _____       | _____ Name of County   |
| <input type="checkbox"/> Public Servants of Municipal Government _____    | _____ Name of Municipality                                   |
| <input type="checkbox"/> Public Servants of Other Governmental Body _____ | _____ Name of Governmental Body                              |
| (e.g., School District, Improvement District)                             |  |

## Type of Registration

*Check only one box*

☐ Individual Lobbyist ☐ Firm

Name of individual lobbyist or firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If registering as a firm, list the name of a contact person: \_\_\_\_\_

If registering as a firm, list the name of each person who is authorized to lobby for the firm:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**Client/Employer**  
*List each client or employer for whom you lobby*  
*All information must be complete*

Name of Client/Employer	Mailing Address	Phone	Type of Business/Entity

I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

\_\_\_\_\_  
Signature of Individual Lobbyist/Contact Person for Firm

\_\_\_\_\_  
Date

## LOBBYIST NOTICE OF TERMINATION

To be filed with public official with  
whom the lobbyist is registered

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600

1. NAME OF INDIVIDUAL LOBBYIST OR FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

2. DATE OF TERMINATION: \_\_\_\_\_

3. LOBBYING ACTIVITIES:

☐ **NO ACTIVITY TO BE REPORTED** (Check if you have already reported all lobbying activity for the period during which registration was in effect; file this page only)

☐ **REMAINING ACTIVITY DISCLOSED ON ATTACHED REPORT** (Check if you have lobbying activity which has not already been reported; attach report disclosing all unreported lobbying activity for the period during which registration was in effect)

I certify that I have examined this lobbyist notice of termination form and the information contained herein is true and correct.

\_\_\_\_\_  
Signature of Individual Lobbyist or Contact Person for Firm



# LOCAL-OPTION BALLOT QUESTION FINANCIAL REPORT OF PUBLIC SERVANT OR GOVERNMENTAL BODY SPENDING PUBLIC FUNDS

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

DRAFT

☐ Check if this report is an amendment to a previously filed report

1. NAME OF INDIVIDUAL, PUBLIC SERVANT, OR GOVERNMENTAL BODY FILING REPORT	
ADDRESS	2. TYPE OF REPORT
CITY, STATE AND ZIP CODE	<input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election) <input type="checkbox"/> Final Report (due 30 days after election)
TELEPHONE NUMBER	

This report covers period: (   -   -   ) through (   -   -   )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD		

4. (   ) **NO ACTIVITY**    Check if you have not received or made any contributions during this reporting period.  
If you have no activity, file the first page of this report only.

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 Individual, Public Servant,  
or Agent of Governmental Body

State of Arkansas  
County of \_\_\_\_\_ } ss

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Legible Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_

Adopted 12/2013

(NOTE: This includes not only expenditures made by the individual or elected official, but also expenditures made on their behalf by an advertising agency, public relations firm, or political consultant.)

Use Additional Copies of this Page if Necessary

**Adopted 12/2013**

(NOTE: This includes not only expenditures made by the individual or elected official, but also expenditures made on their behalf by an advertising agency, public relations firm, or political consultant.)  
Please Type or Print

Please Type or Print

**6. TOTAL ITEMIZED EXPENDITURES**

**7. TOTAL UNITEMIZED EXPENDITURES**

**8. TOTAL EXPENDITURES (to be entered on line #3)**

**Please Type or Print**

## 10. TOTAL EXPENDITURES BY CATEGORY

## ~~11. PAID CANVASSERS, OFFICERS, AND DIRECTORS~~

42. TOTAL AMOUNT PAID CANVASSERS, OFFICERS, AND DIRECTORS	\$
---	----

**LOCAL-OPTION BALLOT QUESTION COMMITTEE (L-OBQC)  
FINANCIAL REPORT OF PERSON MEETING THE DEFINITION OF L-OBQC SET  
FORTH IN § 3-8-702(7)(A)\***

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

☐ Check if this report is an amendment to a previously filed report

DRAFT

<b>1. NAME OF COMMITTEE (IN FULL)</b>   <b>ADDRESS</b>   <b>CITY, STATE AND ZIP CODE</b>   <b>TELEPHONE NUMBER</b>  	<b>2. TYPE OF REPORT</b> <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)  <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
---	--

This report covers period: (     -     -     ) through (     -     -     )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD		
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD		
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD		
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD		

7. (     ) **NO ACTIVITY**     Check if you have not received or made any contributions during this reporting period.  
If you have no activity, file the first page of this report only.

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 Local-Option Ballot Question Committee Officer

State of Arkansas  
County of \_\_\_\_\_ } ss

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Legible Notary Seal)  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\* Ark. Code Ann. § 3-8-702(7)(A) provides as follows: "local-option ballot question committee" means any person, located within or outside Arkansas, that receives contributions for the purpose of expressly advocating the qualification, disqualification, passage, or defeat of a local-option ballot question or any person, other than an elected official expending public funds, or an individual, located within or outside Arkansas, that makes expenditures for the purpose of expressly advocating the qualification, disqualification, passage, or defeat of a local-option ballot question.

Adopted 12/2013

Please Type or Print  
Do Not List Loans Previously Reported

### Do Not List Loans Previously Reported

**Adopted 12/2013.**

# 10. ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

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

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor

Please Type or Print

**Adopted 12/2013**



**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**

(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT				

**IMPORTANT**

In addition to monetary contributions, committees should report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides the committee 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.

**RELATIONS FIRM, OR POLITICAL CONSULTANT**

**Please Type or Print**

Use Additional Copies of this Page if Necessary

[illegible]

**Adopted 12/2013**

Please Type or Print

**Adopted 12/2013**

**Please Type or Print**

## 21. TOTAL EXPENDITURES BY CATEGORY

## ~~22. PAID CANVASSERS, OFFICERS, AND DIRECTORS~~

23. TOTAL AMOUNT PAID CANVASSERS, OFFICERS, AND DIRECTORS	\$
---	----

**LOCAL-OPTION BALLOT QUESTION COMMITTEE ("L-OBQC")**  
**FINANCIAL REPORT OF PERSON MEETING THE 2%/\$10,000 TEST IN § 3-8-**  
**702(7)(B)\***

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

DRAFT

☐ Check if this report is an amendment to a previously filed report

**1. NAME OF INDIVIDUAL OR ELECTED OFFICIAL FILING REPORT**

**ADDRESS**

**CITY, STATE AND ZIP CODE**

**TELEPHONE NUMBER**

**2. TYPE OF REPORT**

☐ Monthly Report (due 15 days after end of month)

☐ Preelection Report (due 7 days before election)

☐ Final Report (due 30 days after election)

**This report covers period: (     -     -     ) through (     -     -     )**

<b><u>SUMMARY</u></b>	<b><u>FOR REPORTING PERIOD</u></b>	<b><u>CUMULATIVE TOTALS</u></b>
<b><u>3. TOTAL MONETARY CONTRIBUTIONS MADE DURING REPORTING PERIOD (enter amount from line 8)</u></b>		

**4. (     ) NO ACTIVITY** Check if you have not made any contributions during this reporting period.  
If you have no activity, file the first page of this report only.

**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 Person Filing Report**

**State of Arkansas**

**County of** \_\_\_\_\_

**Subscribed and sworn before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**(Legible Notary Seal)**

\_\_\_\_\_  
**Signature of Notary Public**

**My Commission Expires** \_\_\_\_\_

\* Ark. Code Ann. § 3-8-702(7)(B) provides, in pertinent part, as follows: a person other than an individual or an approved political action committee as defined in § 7-6-201, located within or outside Arkansas ... qualifies as a local-option ballot question committee if two percent (2%) or more of the committee's annual revenues, operating expenses, or funds are used to make a contribution or contributions to another ballot question committee and if the contribution or contributions exceed ten thousand dollars (\$10,000) in value.

Revised 08/2015

(NOTE: This includes not only contributions made by the person, but also contributions made on such person's behalf made by an advertising agency, public relations firm, or political consultant.)

Use Additional Copies of this Page if Necessary

Revised 08/2015

(NOTE: This includes not only contributions made by the person, but also contributions made on such person's behalf made by an advertising agency, public relations firm, or political consultant.)

[illegible]





To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

☐ Check if this report is an amendment to a previously filed report

**This report covers period:** (     -     -     ) through (     -     -     )

**7. ( ) NO ACTIVITY** Check if you have not received or made any contributions during this reporting period.  
If you have no activity, file the first page of this report only.

Signature of Local-Option Ballot Question Committee Officer

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public

**Adopted 12/2013**

Please Type or Print  
Do Not List Loans Previously Reported

### Do Not List Loans Previously Reported

## 9. TOTAL LOANS THIS REPORT

# 10. ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

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

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor

## Please Type or Print

**Adopted 12/2013**

**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**

(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
<b>15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b>				

**IMPORTANT**

In addition to monetary contributions, committees should report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides the committee 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.

**16. ITEMIZED EXPENDITURES OF \$100 OR MORE MADE BY COMMITTEE OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC RELATIONS FIRM, OR POLITICAL CONSULTANT**

Please Type or Print

Use Additional Copies of this Page if Necessary

[illegible]

## Please Type or Print

**Adopted 12/2013**

Please Type or Print

Please Type or Print

## **~~22. PAID CANVASSERS, OFFICERS, AND DIRECTORS~~**

**Adopted 12/2013**



**LOCAL-OPTION BALLOT QUESTION COMMITTEE ("L-OBQC")**  
**FINANCIAL REPORT OF PERSON MEETING THE 2%/\$10,000 TEST IN § 3-8-702(7)(B)\***

To be filed with:  
 Arkansas Ethics Commission  
 Post Office Box 1917  
 Little Rock, AR 72203  
 Phone (501) 324-9600  
 Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

☐ Check if this report is an amendment to a previously filed report

**1. NAME OF INDIVIDUAL OR ELECTED OFFICIAL FILING REPORT**

**ADDRESS**

**2. TYPE OF REPORT**

☐ Monthly Report (due 15 days after end of month)

☐ Preelection Report (due 7 days before election)

☐ Final Report (due 30 days after election)

**CITY, STATE AND ZIP CODE**

**TELEPHONE NUMBER**

**This report covers period: (   -   -   ) through (   -   -   )**

<b>SUMMARY</b>	<b>FOR REPORTING PERIOD</b>	<b>CUMULATIVE TOTALS</b>
<b>3. TOTAL MONETARY CONTRIBUTIONS MADE DURING REPORTING PERIOD</b> (enter amount from line 8)		

**4. (   ) NO ACTIVITY** Check if you have not made any contributions during this reporting period.  
 If you have no activity, file the first page of this report only.

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 Person Filing Report

State of Arkansas

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 (Legible Notary Seal)

\_\_\_\_\_  
 Signature of Notary Public

My Commission Expires \_\_\_\_\_

\* Ark. Code Ann. § 3-8-702(7)(B) provides, in pertinent part, as follows: a person other than an individual or an approved political action committee as defined in § 7-6-201, located within or outside Arkansas ... qualifies as a local-option ballot question committee if two percent (2%) or more of the committee's annual revenues, operating expenses, or funds are used to make a contribution or contributions to another ballot question committee and if the contribution or contributions exceed ten thousand dollars (\$10,000) in value.

(NOTE: This includes not only contributions made by the person, but also

Please Type or Print

[illegible]

### **ITEMIZED CONTRIBUTIONS OF \$100 OR MORE**

(NOTE: This includes not only contributions made by the person, but also contributions made on such person's behalf made by an advertising agency, public relations firm, or political consultant.)

Please Type or Print

[illegible]



# LOCAL-OPTION BALLOT QUESTION COMMITTEE (L-OBQC): STATEMENT OF ORGANIZATION

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

**DRAFT**

☐ Check if this is an amendment to a previously filed statement of organization

## **Section One: L-OBQC Name**

Name of L-OBQC (in full): \_\_\_\_\_

## **Section Two: L-OBQC Address & Phone Number**

If L-OBQC has no office address, use the address of the L-OBQC officer authorized to receive notices on behalf of the L-OBQC.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## **Section Three: L-OBQC Officers and Directors**

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the L-OBQC.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\* The term local-option "Ballot Question Committee" is defined in Ark. Code Ann. § 3-8-702(7)(A) and (B) and § 800(i)(1) and (2) of the Ethics Commission's Rules on Local-Option Ballot Question Committees.

Adopted 12/2013

**Section Four: Financial Information**

Provide the name and address of each financial institution in which the L-OBQC deposits money or anything else of monetary value.

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Five: Members**

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section Six: Brief Statement**

Provide a brief statement identifying the substance of each local-option ballot question as to which the L-OBQC will expressly advocate the qualification, disqualification, passage, or defeat, and, if known, the date each local-option ballot question shall be presented to a popular vote at an election.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of L-OBQC Officer

**LOCAL-OPTION BALLOT QUESTION COMMITTEE (L-OBQC)  
NOTICE OF DISSOLUTION**

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

1. NAME OF L-OBQC (IN FULL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

2. REMAINING FUNDS ON HAND AT TIME OF DISSOLUTION      \$ \_\_\_\_\_

3. METHOD BY WHICH REMAINING FUNDS WERE DISPOSED OF:

☐ Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)

☐ An organized political party or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives

☐ A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code

☐ Cities of the first class, cities of the second class, or incorporated towns

☐ Contributors to the LO-BQC

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF LO-BQC OFFICER

# POLITICAL ACTION COMMITTEE (PAC) REGISTRATION FORM

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

Registration for calendar year \_\_\_\_\_

*For assistance in completing  
this form contact:*  
**Arkansas Ethics Commission**  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

Is this report an amendment? ☐ Yes ☐ No

## **Section One: PAC Name**

If the name of the PAC is an acronym, the full name of the PAC and the acronym should be disclosed.

Name of PAC (in full): \_\_\_\_\_

Acronym (if applicable): \_\_\_\_\_

## **Section Two: PAC Address & Phone Number**

If PAC has no office address, use the address of the PAC officer authorized to receive notices on behalf of the PAC.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## **Section Three: PAC Officers**

Provide the name, address, telephone number, and place of employment for each officer of the PAC.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



**Section Four: Interests Represented**

Provide any professional, business, trade, labor, or other interests represented by the PAC. Include any individual business, organization, association, corporation, labor organization, or other group or firm whose interests will be represented by the PAC.

Name of Interest Represented: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Interest Represented: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Interest Represented: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Interest Represented: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Five: Financial Institution**

Provide the financial institution that the committee designates as its official depository for purposes of receiving contributions or making expenditures within the State of Arkansas.

Full Name of Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Six: Written Acceptance of Designation as Resident Agent**

I hereby accept the designation as Resident Agent.

\_\_\_\_\_  
Signature of Resident Agent

\_\_\_\_\_  
Name of Resident Agent

\_\_\_\_\_  
Telephone Number of Resident Agent

\_\_\_\_\_  
Street Address of Resident Agent

\_\_\_\_\_  
City, State, Zip Code of Resident Agent

**Affidavit**

I certify under oath that the above information is true and correct. In addition, I certify that the committee shall maintain for a period of four (4) years records evidencing (1) the name, address, and place of employment of each person who contributed to the committee, along with the amount contributed and (2) the name and address of each candidate or committee which received a contribution from the committee, along with the amount contributed. By filing this registration form, the committee hereby submits itself to the jurisdiction of the State of Arkansas for all purposes related to compliance with subchapter 2 of chapter 6, Title 7 of the Arkansas Code.

\_\_\_\_\_  
Signature of Committee Officer

State of Arkansas ) ss.

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires: \_\_\_\_\_

# POLITICAL ACTION COMMITTEE (PAC) QUARTERLY REPORTING FORM

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

Calendar Year \_\_\_\_\_

☐ 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  
Phone (501) 324-9600  
Toll Free (800) 422-7773

<b>1. NAME OF COMMITTEE (IN FULL)</b>  <b>ADDRESS</b>  <b>CITY, STATE AND ZIP CODE</b>	<b>2. TYPE OF REPORT</b>  <input type="checkbox"/> First Quarter—due April 15 <small>covers January 1 through March 31</small> <input type="checkbox"/> Second Quarter—due July 15 <small>covers April 1 through June 30</small> <input type="checkbox"/> Third Quarter—due Oct 15 <small>covers July 1 through September 30</small> <input type="checkbox"/> Fourth Quarter—due Jan 15 <small>covers October 1 through December 31</small>  <b>3. Will PAC renew its registration for upcoming calendar year?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>NOTE: If "YES" registration renewal must be submitted with Fourth Quarter report</i>
--	--

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE 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. (    ) <b>NO ACTIVITY</b> (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 PAC Officer

State of Arkansas <div style="text-align: right;">} ss</div> County of _____  Subscribed and sworn before me this _____ day of _____, 20_____.  <div style="text-align: right;">_____ Signature of Notary Public</div> <div style="text-align: center;">(Legible Notary Seal)</div> My Commission Expires: _____  <p><small>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.</small></p>	
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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

**BY COMMITTEE OVER \$500**

Use Additional Copies of this Page if Necessary

[illegible]

# **ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$500**

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 MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD					
13. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD					
14. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (to be entered on line #6)					

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**

# **15. ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$500**

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 CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
17. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
18. TOTAL NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				

## **IMPORTANT**

**In addition to monetary contributions, political action committees are required to report the receipt of any nonmoney ("in-kind") contributions. A political action 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.**

## AND COMMITTEES OVER \$50

Use Additional Copies of this Page if Necessary

[illegible]

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.

REVISÉD 08/2015

# **ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$50**

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 MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				
21. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				
22. <b>TOTAL MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD</b> (to be entered on line #7)				

## 23. ITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$50

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
24. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				
25. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				
26. TOTAL NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				

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



## 27. ITEMIZED ADMINISTRATIVE EXPENSES OVER \$100

Please Type or Print

[illegible]

## POLITICAL ACTION COMMITTEE (PAC) NOTICE OF TERMINATION

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

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600

1. NAME OF COMMITTEE (IN FULL): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE AND ZIP CODE: \_\_\_\_\_
2. DATE COMMITTEE CEASED TO EXIST: \_\_\_\_\_
3. CONTRIBUTIONS AND EXPENDITURES:

☐ **NO ACTIVITY TO BE REPORTED** (Check if PAC has already reported all financial activity during the period its registration was in effect; file this page only)

☐ **REMAINING ACTIVITY DISCLOSED ON ATTACHED REPORT** (Check if PAC has financial activity which has not already been reported; attach report disclosing all unreported financial activity during period PAC's registration was in effect)

### Affidavit

I certify under oath that the above information is true and correct. In addition, I certify that the committee shall maintain for a period of four (4) years records evidencing (1) the name, address, and place of employment of each person who contributed to the above-named committee, along with the amount contributed and (2) the name and address of each candidate or committee which received a contribution from the above-named committee, along with the amount contributed.

\_\_\_\_\_  
Signature of Committee Officer

State of Arkansas                    )  
  ) ss.  
County of \_\_\_\_\_ )

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

# POLITICAL PARTY QUARTERLY REPORTING FORM

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

Calendar Year \_\_\_\_\_

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

<b>1. NAME OF POLITICAL PARTY</b>  <b>ADDRESS</b>  <b>CITY, STATE AND ZIP CODE</b>	<b>2. TYPE OF REPORT</b>  <input type="checkbox"/> <b>First Quarter—due April 15</b> <small>covers January 1 through March 31</small> <input type="checkbox"/> <b>Second Quarter—due July 15</b> <small>covers April 1 through June 30</small> <input type="checkbox"/> <b>Third Quarter—due Oct 15</b> <small>covers July 1 through September 30</small> <input type="checkbox"/> <b>Fourth Quarter—due Jan 15</b> <small>covers October 1 through December 31</small>  <b>3. IS THIS REPORT AN AMENDMENT?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

SUMMARY	FOR REPORTING PERIOD
4. TOTAL CONTRIBUTIONS RECEIVED (enter total from line 18)	
5. TOTAL DISBURSEMENTS MADE (enter total from line 22)	
6. (    ) <b>NO ACTIVITY</b> (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 <div style="text-align: right;">} ss</div> County of _____  Subscribed and sworn before me this _____ day of _____, 20_____.  <div style="text-align: right; margin-top: 20px;">_____ Signature of Notary Public</div> <div style="margin-top: 10px;">(Legible Notary Seal)</div> <div style="margin-top: 10px;">My Commission Expires: _____</div> <div style="margin-top: 10px; font-size: small;"> <b>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.</b> </div>	
--	--

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

## 7. LOAN INFORMATION

Please Type or Print

**Do not list loans previously reported**

[illegible]

### 9. CONTRIBUTORS OF MORE THAN \$50

Provide the Information Below with Respect to  
Each Person Who Made a Contribution or Contributions  
Which in the Aggregate Exceeded \$50 During the Calendar Quarter

Please Type or Print

Use Additional Copies of this Page if Necessary

Name of Contributor	Address of Contributor	Employer and Occupation of Contributor	Date of Contribution	Amount of Contribution

## CONTRIBUTORS OF MORE THAN \$50

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

Name of Contributor	Address of Contributor	Employer and Occupation of Contributor	Date of Contribution	Amount of Contribution
10. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
11. 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)				

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

# **14. ITEMIZED NONMONEY CONTRIBUTIONS OF MORE THAN \$50 RECEIVED BY PARTY**

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

Date	Name and Address of Contributor	Employer and Occupation of Contributor	Description of Nonmoney Item	Value of Nonmoney Item
15. TOTAL ITEMIZED NONMONEY 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.**

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

## 19. ITEMIZED DISBURSEMENTS OF MORE THAN \$100

**Please Type or Print**

**Use Additional Copies of this Page if Necessary**

[illegible]



## ITEMIZED DISBURSEMENTS OF MORE THAN \$100

Please Type or Print

Use Additional Copies of this Page if Necessary

Name of Person To Whom Disbursement Made	Address of Recipient	Date	Amount of Disbursement
20. TOTAL ITEMIZED DISBURSEMENTS MADE DURING REPORTING PERIOD			
21. TOTAL UNITEMIZED DISBURSEMENTS MADE DURING REPORTING PERIOD			
22. TOTAL DISBURSEMENTS MADE DURING REPORTING PERIOD			

# QUARTERLY DISCLOSURE FORM

for gifts, grants, and donations of money or property received  
by certain designated officials on behalf of appropriate entities

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

Filing for \_\_\_\_\_  
(year)

(Arkansas Ethics Commission File Stamp)

<b>1.</b>  <hr/> <b>NAME OF PUBLIC OFFICIAL</b>  <hr/> <b>OFFICE HELD</b>  <hr/> <b>ADDRESS</b>  <hr/> <b>CITY, STATE and ZIP CODE</b>	<b>2. TYPE OF REPORT</b>  <input type="checkbox"/> <b>April 15 Quarterly</b> covers January 1 through March 31  <input type="checkbox"/> <b>July 15 Quarterly</b> covers April 1 through June 30  <input type="checkbox"/> <b>October 15 Quarterly</b> covers July 1 through September 30  <input type="checkbox"/> <b>January 15 Quarterly</b> covers October 1 through December 31
	<b>3. IS THIS REPORT AN AMENDMENT?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO

4.	DESCRIPTION OF ITEM	NAME OF PERSON FROM WHOM ITEM RECEIVED	ESTIMATED VALUE
a)			
b)			
c)			
d)			

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Public Official

Ark. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.

REVISED 08/2015

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

Calendar year covered \_\_\_\_\_  
(Note: Filing covers the previous calendar year)

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Phone (501) 324-9600  
Toll Free (800) 422-7773

Is this an amendment? ☐ Yes ☐ No

Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document. Do not file this form with the Arkansas Ethics Commission.

**DRAFT**

## SECTION 1- NAME AND ADDRESS

Name \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
(Last) (First) (Middle)  
All names under which you and/or your spouse do business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 2- REASON FOR FILING

- ☐ Public Official \_\_\_\_\_  
(office held)
- ☐ Candidate \_\_\_\_\_  
(office sought)
- ☐ District Judge \_\_\_\_\_  
(name of municipality district)
- ☐ City Attorney \_\_\_\_\_  
(name of city)
- ☐ State Government: Agency Head/Department Director/Division Director \_\_\_\_\_  
(name of agency/department/division)
- ☐ Chief of Staff or Chief Deputy \_\_\_\_\_  
(name of Constitutional Officer, Senate, or House of Representatives)
- ☐ Public appointee to State Board or Commission \_\_\_\_\_  
(name of board/commission)
- ☐ School Board member \_\_\_\_\_  
(name of school district)
- ☐ Candidate for school board \_\_\_\_\_  
(name of school district)
- ☐ Public or Charter School Superintendent \_\_\_\_\_  
(name of school district/school)
- ☐ Executive Director of Education Service Cooperative \_\_\_\_\_  
(name of cooperative)
- ☐ Advertising and Promotion Commission member \_\_\_\_\_  
(name of advertising and promotion commission)
- ☐ Research Park Authority Board member under A.C.A. § 14-144-201 et seq. \_\_\_\_\_  
(name of research park authority board)

**SECTION 2- REASON FOR FILING (continued)**

- ☐ Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
- ☐ Planning board or commission \_\_\_\_\_
  - ☐ Airport board or commission \_\_\_\_\_
  - ☐ Water or Sewer board or commission \_\_\_\_\_
  - ☐ Utility board or commission \_\_\_\_\_
  - ☐ Civil Service commission \_\_\_\_\_

**SECTION 3- SOURCE OF INCOME**

List each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct.

- a) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

\_\_\_\_\_  
(name of employer or source of income)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_

- b) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

\_\_\_\_\_  
(name of employer or source of income)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_

- c) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

\_\_\_\_\_  
(name of employer or source of income)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_

#### **SECTION 4- BUSINESS OR HOLDINGS**

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

a) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

b) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

c) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

d) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

e) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

f) Check appropriate box: ☐ More than \$1,000 ☐ More than \$12,500

(name of corporation, firm or enterprise)

(address)

(name under which investment held)

### **SECTION 5- OFFICE OR DIRECTORSHIP**

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

- a) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)
- b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

### **SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

- a) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- b) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)
- c) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

### **SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT**

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

- a) \_\_\_\_\_  
(name of governmental body) (address of governmental body)  
\_\_\_\_\_  
(amount owed) (nature of the obligation)
- b) \_\_\_\_\_  
(name of governmental body) (address of governmental body)  
\_\_\_\_\_  
(amount owed) (nature of the obligation)

### **SECTION 8- GUARANTOR OR CO-MAKER**

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

- a) \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)
- b) \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

### **SECTION 9- GIFTS**

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

- a) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- b) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- c) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- d) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- e) \_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)

## **SECTION 10- AWARDS**

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive life-long learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

a)	_____		
	(description of award)		
	_____	_____	_____
	(date)		(fair market value)
	_____		
	(source of award)		
b)	_____		
	(description of award)		
	_____	_____	_____
	(date)		(fair market value)
	_____		
	(source of award)		
c)	_____		
	(description of award)		
	_____	_____	_____
	(date)		(fair market value)
	_____		
	(source of award)		
d)	_____		
	(description of award)		
	_____	_____	_____
	(date)		(fair market value)
	_____		
	(source of award)		

## **SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT**

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a)	_____		
	(name of person or organization paying expense)		
	_____		
	(business address)		
	_____	\$	_____
	(date of expense)		(amount of expense)
	_____		
	(nature of expenditure)		
b)	_____		
	(name of person or organization paying expense)		
	_____		
	(business address)		
	_____	\$	_____
	(date of expense)		(amount of expense)
	_____		
	(nature of expenditure)		



**SECTION 12- DIRECT REGULATION OF BUSINESS**

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

- a) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- b) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- c) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- d) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)

**SECTION 13- SALES TO GOVERNMENTAL BODY**

List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more than 10% of the stock of the company.

- a) \_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- b) \_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- c) \_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- d) \_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)

**SECTION 14- SIGNATURE**

I certify under penalty of false swearing that the above information is true and correct.

\_\_\_\_\_  
Signature

STATE OF ARKANSAS

} ss

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Legible Notary Seal)

\_\_\_\_\_  
Notary Public

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 pursuant to Ark. Code Ann. § 21-8-703(b)(3).

**IMPORTANT**

**Where to file:**

State or district candidates/public servants file with the Secretary of State.  
Appointees to state boards/commissions file with the Secretary of State.  
County, township, and school district candidates/public servants file with the county clerk.  
Municipal candidates/public servants file with the city clerk or recorder, as the case may be.  
City attorneys file with the city clerk of the municipality in which they serve.  
District judges file with the ~~county clerk~~ Secretary of State.  
Members of regional boards or commissions file with the county clerk of the county in which they reside.

**General Information:**

- \* The Statement of Financial Interest should be filed by January 31 of each year.
- \* The filing covers the previous calendar year.
- \* Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31. In addition, if the party filing period ends before January 1 of the year of the general election, candidates for elective office shall file a Statement of Financial Interest for the previous calendar year by no later than January 31 of the year of the general election.
- \* Agency heads, department directors, and division directors of state government shall file the Statement of Financial Interest within thirty (30) days of appointment or employment unless already filed by January 31.
- \* Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- \* If a person is included in any category listed above for any part of a calendar year, that person shall file a Statement of Financial Interest covering that period of time regardless of whether they have left their office or position as of the date the statement is due.

## INSTRUCTIONS FOR STATEMENT OF FINANCIAL INTEREST

**DRAFT**

### INTRODUCTION/WHO MUST FILE

Ark. Code Ann. § 21-8-701(a) requires that the following persons file a written Statement of Financial Interest on an annual basis:

- A public official, as defined by Ark. Code Ann. § 21-8-402(17);
- A candidate for elective office;
- A district judge; or city attorney, whether elected or appointed;
- Any agency head, department director, or division director of state government;
- Any chief of staff or chief deputy of a constitutional officer, the Senate, or the House of Representatives;
- Any public appointee to any state board or commission (who possesses regulatory authority or is authorized to receive or disburse state or federal funds);<sup>1</sup>
- All persons who are elected members of a school board or who are candidates for a position on a school board;
- All public and charter school superintendents;
- All executive directors of education service cooperatives;
- Any person appointed to a municipal, county or regional (i) planning board or commission, (ii) airport board or commission, (iii) water or sewer board or commission, (iv) utility board or commission, or (v) civil service commission;
- Any member of an advertising and promotion commission; and
- Any member of a research park authority board under Ark. Code Ann. § 14-144-201 et seq.

The Arkansas Ethics Commission, which enforces this statute, has prepared these instructions, along with the office of the Secretary of State, whose office maintains the records, to assist persons required to file these statements. If you have any questions concerning the reporting requirements or how to fill out your Statement of Financial Interest, call or write either the **Arkansas Ethics Commission**, Post Office Box 1917, Little Rock, Arkansas 72203-1917, tel. (501) 324-9600 or the **Secretary of State, Elections Division**, State Capitol, Room 026, Little Rock, Arkansas 72201, tel. (501) 682-5070.

When preparing the Statement of Financial Interest, please **print or type the information**. You must also sign the Statement in Section 13 and your signature must be attested to before a Notary Public.

---

<sup>1</sup> Pursuant to Ark. Code Ann. § 21-8-701(a)(5)(B), a public appointee to a state board or commission which is not charged by law with the exercise of regulatory authority and which receives or disburses state or federal funds only in the form of mileage reimbursement for members attending meetings of the board or commission is not required file a written Statement of Financial Interest.

## **TIME FOR FILING/PERIOD COVERED**

Pursuant to Ark. Code Ann. § 21-8-701(c)(1)(A), a Statement of Financial Interest for the previous calendar year "shall be filed by January 31, of each year, except that a candidate for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office." Pursuant to Ark. Code Ann. § 21-8-705, if the party filing period under Ark. Code Ann. § 7-7-203 ends before January 1 of the year of the general election, a candidate for elective office shall file a Statement of Financial Interest for the previous calendar year no later than January 31 of the year of the general election in addition to the Statement of Financial Interest required under Ark. Code Ann. § 12-8-701.

Moreover, an agency head, department director, or division director of state government and any public appointee to a state board or commission authorized or charged by law with the exercise of regulatory authority or authorized to receive or disburse state or federal funds shall file a Statement of Financial Interest for the previous calendar year within thirty (30) days after appointment or employment. Incumbent officeholders who filed a Statement of Financial Interest for the previous calendar year by January 31 of the year in which an election is held are not required to file an additional Statement of Financial Interest upon becoming a candidate for reelection or election to another office during the year. Ark. Code Ann. § 21-8-701(c)(2). If a person required to file a Statement of Financial Interest leaves his or her office or position during a particular calendar year, he or she shall still be required to file a Statement of Financial Interest covering that part of the year which he or she held the office or position. Ark. Code Ann. § 21-8-701(c)(1)(B).

## **WHERE TO FILE**

Pursuant to Ark. Code Ann. § 21-8-703, the Statement of Financial Interest shall be filed as follows:

- (1) State or district public servants (including appointees to state boards/commissions) and candidates for state or district public office are required to file the statement with the Secretary of State;
- (2) County, township, or school district public servants and candidates for county, township, or school district public office are required to file the statement with the county clerks;
- (3) Municipal public servants and candidates for municipal office are required to file the statement with the city clerk or recorder;
- (4) City attorneys, whether elected or appointed, are required to file the statement with the city clerk of the municipality within which they serve;
- (5) Members of regional boards or commissions are required to file the statement with the county clerk of the county in which they reside; and
- (6) District judges are required to file the statement with the ~~county clerk~~ Secretary of State.

## **SPECIFIC REPORTING INSTRUCTIONS**

### **SECTION 1 (Name and Address)**

Answer each of these questions or indicate "Not Applicable". List all names under which you and/or your spouse do business.

### **SECTION 2 (Reason for Filing)**

Check the box applicable to you and provide the office/position held or name of the board, commission or school district in the appropriate space.

### **SECTION 3 (Sources of Income)**

The term "gross income" is intended to be comprehensive. It refers to all income from whatever source derived, including but not limited to compensation for services, fees, commissions, and income derived from business interests. Report each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income exceeding \$1,000 on an annual basis. Include your governmental income from the office or position which requires your filing of this form. You are required to use the gross amount received as income. Thus, you must compute your total income from any particular source without first deducting expenses.

You are not required to list the individual items of gross income that constitute a portion of the income of the business or profession from which you or your spouse derives income. (For example: Accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If more than one source/employer/entity compensated you during the past year, you are required to list each source of income greater than \$1,000. If you or your spouse received speaking honoraria, you must report, under the request for "source", the sponsor of each event for which a payment was made for your speech or appearance, as well as the date and dollar category ("more than \$1,000.00" or "more than \$12,500.00"). The term "honoraria", as used herein, means a payment of money or any thing of value for an appearance, speech, or article. NOTE: Food, lodging, and travel provided to a public servant in connection with an appearance would not constitute honoraria if the public servant is appearing in his or her official capacity and the appearance bears a relationship to the public servant's office or position. Section 10 of the Statement of Financial Interest addresses the reporting of payment for such food, lodging, and travel.

You must also provide a brief description of the nature of the services for which the income was received, as well as the name under which the income was received. For example:

Source	Description	Amount
State of Arkansas (address) John Doe	Executive Dir.	More than \$12,500.00
University of Arkansas (address) John M. Doe	Teaching	More than \$12,500.00
450 Main Street, Little Rock, Arkansas John M. Doe	Rent Income	More than \$12,500.00
Ark. Med. Society Annual Meeting (address) John Doe	Speaking fee Oct. 2, Little Rock	More than \$1,000.00
Star National Bank Star, Arkansas John or Jane Doe	Interest Income	More than \$1,000.00
City of Mayberry (address) Jane Doe	Spouse income	More than \$12,500.00
Ark. Bar Association Annual Meeting (address) Jane Doe	Speaking Fee  Spouse, June 12 Hot Springs	More than \$1,000.00

#### Section 4 (Business or Holdings)

In this section, list the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Stocks, bonds, stock options and other securities held by you or your spouse must be reported. Figures for these items, as well as all other holdings or accounts, should be based on fair market value at the end of the reporting period.

For **securities, stocks, or bonds**, you must disclose each security held in your portfolio which exceeds the \$1,000.00 threshold. If securities are held through an investment firm, the firm will normally provide periodic statements from which you may obtain the information required to be disclosed. If you own different types of securities issued by the same authority, such as U. S. Treasury obligations or bonds, it is not necessary to provide an itemized list of each security worth over \$1,000.00. Rather, you may simply report the aggregate value of the securities issued by the same authority and identify the type of securities.

In the case of **mutual funds or similar investments**, you need not disclose specific stocks held in a widely diversified investment trust or mutual fund as long as the holdings of the trust or fund are a matter of public record and you have no ability to exercise control over the specific holdings. If you have such control, you must disclose each holding exceeding the threshold level of \$1,000.00, whether or not you exercise the control. Otherwise, you may simply disclose the name, address, etc. of the authority through which your mutual fund is invested (e.g., IDS), the category of the fund and the category of the appropriate amount (e.g., "more than \$1,000.00").

In the case of **bank accounts**, if the total of accounts (including certificates of deposit) deposited in a particular bank exceeds \$1,000.00, list each institution holding more than \$1,000.00. If no particular bank holds more than \$1,000.00, you need not report any bank accounts. All accounts at one institution, including those for your spouse, may be combined as one entry. Thus, for example, you may report a checking account, savings account, certificate of deposit, and IRA in Smith First National Bank of Arkansas by checking the gross total of the accounts (e.g., "more than \$1,000.00") and stating "Smith First National Bank of Arkansas" with its address. You need not list each account. If you are listed on an account purely for custodial reasons, and you do not assert any ownership rights to the assets in the account (for example, if you are a joint tenant with an elderly relative), you need not list the account.

For any business interest, if you or your spouse has an interest in a proprietorship, partnership, or corporation that is actively engaged in a trade or business, you must disclose the name and address of each interest. It is not necessary to provide an itemized list of the assets of the business. For example, you need only categorize the total value of your interest (e.g., "more than \$12,500.00") and not items such as "office equipment." This includes each asset held in trust for you or your spouse which has a value greater than \$1,000.00. Holdings of a trust for which you or your spouse are merely an administrator and for which you have no beneficial interest need not be reported.

## **Section 5 (Office or Directorship)**

You must report your nongovernmental offices and directorships held by you or your spouse in any business, corporation, firm, or enterprise subject to the jurisdiction of a regulatory agency of this State, or any of its political subdivisions. For each such business, provide the name of the business, its address, the office or directorship held and the name of the person (either you or your spouse) who holds the office or directorship. A "regulatory agency", as

defined by Ark. Code Ann. § 21-8-301(1), means any "state board, commission, department, or officer authorized by law to make rules or to adjudicate contested cases except those in the legislative or judicial branches."

#### **Section 6 (Creditors)**

You must report the name and address of each creditor to whom the value of \$5,000.00 or more is personally owed and outstanding at the end of the reporting period. All information regarding a single creditor may be reported in a single entry. If you have more than one liability owed to the same creditor, add up the items of credit to determine if the \$5,000.00 threshold has been met. The identity of the creditor is the name of the person or organization to which the liability is owed (e.g., "Bob Smith, 1000 Elm Street, Little Rock, Arkansas").

You do not need to include debts owed to members of your family. You may also exclude loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit. This exclusion applies to such items as a mortgage secured by real property which is your personal residence, credit extended to purchase personal items such as furniture or appliances, credit card debts, and car loans, provided the credit does not exceed the value of the item purchased.

Debts not incurred in the ordinary course of business include, but are not limited to, such items as legal judgments, judgment liens, money borrowed from individuals, other than family members, who are not normally in the business of lending money, and tax liens owed to any governmental agency.

#### **Section 7 (Past-Due Amounts Owed to Government)**

You must report the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature and amount of the obligation. Such debts include, but are not limited to tax liens owed to any governmental agency or other legally obligated debts in which you may be in default to a governmental body.

#### **Section 8 (Guarantor, Co-Maker)**

The law requires you to provide the name and address of each guarantor or co-maker, other than a member of your family, who has guaranteed a debt which is still outstanding. The \$5,000.00 threshold of Section 6 does not apply here. To the extent that you have a guarantor or co-maker of any of your outstanding debts, the guarantor or co-maker must be disclosed. There is no exception for debts incurred in the ordinary course of business. This requirement also includes debts arising, extended or refinanced after January 1, 1989.

This requirement extends to situations where you have co-signed a loan to assist another person in obtaining credit, unless the person is a member of your family.



## Section 9 (Gifts)

The law requires you to identify the source, date, description, and a reasonable estimate of the fair market value of each gift of more than one hundred dollars (\$100.00) received by you or your spouse during the reporting period or more than two hundred and fifty dollars (\$250.00) received by your dependent children during the reporting period. A gift is any "payment, entertainment, advance, services, or anything of value" unless consideration of equal or greater value has been given therefor. The value of an item shall be considered to be less than one hundred dollars (\$100) if the public servant reimburses the person from whom the item was received any amount over one hundred dollars (\$100) and the reimbursement occurs within ten (10) days from the date the item was received. All types of gifts must be reported. Items such as food, lodging, and travel are considered gifts unless they are received when you are appearing in your official capacity and the appearance bears a relationship to your office or position. [Note: The reporting of food, lodging, and travel received by a public servant who is appearing in his or her official capacity at an event which bears a relationship to his or her office or position is addressed in Section 10 below.]

A gift can be a tangible item, such as a watch, or an intangible item, such as a hunting or fishing trip. A gift does not include (1) informational material; (2) receiving food, lodging, or travel which bears a relationship to the public servant's office and when appearing in an official capacity; (3) gifts which are not used and returned to the donor within 30 days; (4) gifts from a family member listed in Ark. Code Ann. § 21-8-402(5)(B)(iv), unless the family member is acting as an agent for a person not covered by the exception; (5) campaign contributions; (6) devises or inheritances; (7) anything with a value of \$100 or less; (8) wedding presents and engagement gifts; (9) a monetary or other award presented to an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive life-long learning center, or a community college in recognition of the employee's contribution to education; (10) tickets to charitable fundraising events held within this state by a non-profit organization which is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code; (11) a personalized award, plaque, or trophy with a value of one hundred fifty dollars (\$150) or less; (12) an item which appointed or elected members of a specific governmental body purchase with their own personal funds and present to a fellow member of that governmental body in recognition of public service; (13) food or beverages provided at a conference scheduled event that is part of the program of the conference; (14) food or beverages provided in return for participation in a bona fide panel, seminar, speaking engagement at which the audience is a civic, social, or cultural organization or group; ~~and~~ (15) a monetary or other award publicly presented to an employee of state government in recognition of his or her contributions to the community and State of Arkansas when the presentation is made by the employee's supervisor or peers, individually or through a non-profit organization which is exempt from taxation under Section 501(c) of the Internal Revenue Code, and the employee's receipt of the award would not result in or create the appearance of the employee using his or her position for private gain, giving preferential treatment to any person, or losing independence or impartiality (This exception shall not apply to an award presented to an employee of state government by a person having economic interests which may be affected by the performance or nonperformance of the employee's duties or responsibilities.); and (16)

anything of value provided by a political party under Ark. Code Ann. § 7-1-101 or § 7-7-205 when serving as the host of the following events to all attendees as part of attendance at the event: (A) the official swearing-in, inaugural, and recognition events of constitutional officers and members of the general assembly; and (B) an official event of a recognized political party so long as all members of either house of the General Assembly affiliated with the recognized political party are invited to the official event.

In reporting a gift, you must report the source, the date it was received, a reasonable estimate of its fair market value, and a brief description. In that regard, the Ethics Commission has issued opinions concerning the "fair market value" of such items as transportation on a private aircraft. A group of items received from the same source at the same time would be considered one gift and the separate values should be added together. As an example, if you receive a tie and tie clip (valued \$50.00) along with a pair of golf shoes (valued at \$75) from one donor, this should be reported and described in Section 9, as the receipt of a gift, "tie, tie clip and shoes." The value would be \$125.00. Similarly, food and beverages provided you in connection with lodging should be aggregated to ascertain if the threshold reporting level has been reached. If you are unsure if the value should be aggregated for purposes of reporting, you may wish to contact the Arkansas Ethics Commission for an opinion.

In accordance with Ark. Code Ann. § 21-8-804, certain designated officials are authorized to accept gifts, grants, and donations of money or property on behalf of the State of Arkansas, the Arkansas Senate, the Arkansas House of Representatives, and the Arkansas Supreme Court. In addition, the designated officials are authorized to accept donations of money for the purpose of hosting official swearing-in and inaugural events of the constitutional officers, Senate, House of Representatives, and Supreme Court justices, the official recognition event for the President Pro Tempore, and the official recognition event for the Speaker of the House. The public official accepting the gift, grant, or donation of money or property on behalf of an appropriate entity is not required to disclose same on his or her Statement of Financial Interest. Instead, public servants are required to report such gifts, grants, or donations of money or property to the Ethics Commission on a quarterly basis on a separate disclosure form prepared for such purposes.

#### **Section 10 (Awards)**

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive life-long learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

#### **Section 11 (Nongovernmental Sources of Payment)**

Payments for food, lodging, or travel are not considered a gift in situations where a public servant is appearing in his or her official capacity and the appearance bears a relationship to the

public servant's office or position. However, Section 11 requires that each nongovernmental source of payment of expenses for such food, lodging, or travel be listed when the expenses paid by that source exceed \$150.00. [Note: The reporting of money or things of value received when you are not appearing in an official capacity or the appearance does not bear a relationship to your office or position is addressed in Section 3 ("Sources of Income") or Section 9 ("Gifts").] In this regard, you must list the name and business address of the person or organization which has paid your expenses, the date, nature, and amount of the expenses unless such person or organization was compensated by the governmental body for which the public servant serves. Thus, you must disclose in this section, lodging or travel received in connection with such activities as speaking engagements, conferences, or fact finding events related to your official duties.

Section 11 requires the disclosure of each nongovernmental source of payment when the expenses paid in connection with a particular appearance exceed \$150.00. Thus, if one source provides lodging and food and the total amount paid exceeds \$150.00, that source must be reported in this section.

The **organization** is the source of payment. It should be the name of the sponsor actually paying or providing the expenses. The **date of expenses** should be the inclusive dates of all travel provided. If the travel all occurred on one day, report that day. Otherwise, list the starting and ending dates of each trip provided (i.e., "May 1 - 5, 1997").

It is permissible to extend the duration of a trip at your own expense, accepting return travel from the sponsor. However, to avoid suggesting that travel was accepted for a longer period of time than was actually the case, you should indicate any time not spent at the sponsor's expense on either the line requesting the "date" or "nature" of expenses. For example, using the dates listed above, you could report "May 1 - 5, 1997. May 3 - 4 on personal business, expenses paid by me."

## **Section 12 (Direct Regulation of Business)**

The law requires you to list any business by whom you are employed if the business is under direct regulation or subject to direct control by the governmental body which you serve. You must report the employment by listing the name of this business/employer and provide the governmental body which regulates or controls aspects of the business. Such a business relationship typically exists if your private employer is subject to any rules or regulations of a governmental body or if a governmental body adjudicates contested cases of fact involving your private employer. For example, if you work as a licensed dentist, the appropriate regulatory governing body may be the State Board of Dental Examiners.

Whether your business is under direct regulation or subject to direct control by a governing body is often a question of fact. If you are unsure, you should contact the Arkansas Ethics Commission or, if you know, the agency you suspect may regulate part or all of your activities.

## **Section 13 (Sales to Governmental Body)**

The law requires you to report certain business relationships with the government if a significant sale of goods or services occurs. Specifically, you must set out in detail the goods or services sold having a total annual value in excess of \$1,000.00 sold to the governmental body for which you serve or are employed and the compensation paid for each category of goods or services by you or any business in which you or your spouse is an officer, director, stockholder owning more than ten percent (10%) of the stock, owner, trustee, or partner.

#### **Section 14 (Signature)**

Under the law, each person, required to file a Statement of Financial Interest must prepare the statement under penalty of false swearing and sign such form attesting to the truth and accuracy of the information set forth on the form. Ark. Code Ann. § 21-8-702. If a person who is required to file a Statement of Financial Interest is called to active duty in the armed forces of the United States, the statement may be completed by the spouse of the person. If the Statement of Financial Interest is completed by the spouse, under this exception, the spouse's signature shall be sufficient for the requirement of Ark. Code Ann. § 21-8-702.

**REVISED 08/2015**