

# STATEMENT OF FINANCIAL INTEREST

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

Calendar year covered 2021  
 (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

Due by  
1-31-22

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.

## SECTION 1- NAME AND ADDRESS

Name Bradford Pam B  
(Last) (First) (Middle)  
 Address P.O. Box 557 Clinton AR 7031  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
 Phone 501-253-8970  
 Spouse's name N/A  
(Last) (First) (Middle)  
 All names under which you and/or your spouse do business: N/A

## SECTION 2- REASON FOR FILING

- Public Official County Clerk (office held)
- Candidate (office sought)
- District Judge (name of 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)

FILED  
 2022 JAN -3 PM 1:32  
 PAM BRADFORD  
 COUNTY CLERK  
 VAN BUREN CO. ARKANSAS

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.

**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

Van Buren County  
(name of employer or source of income)  
414 Hwy 65 S, Suite 128 Clinton  
(address)  
Pam Bradford  
(name under which income received)

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

- 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)

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 12/2017

**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) Ozark Opportunities Inc  
101 E. Prospect Ave Harrison 72602  
Board  
Pam Bradford  
Board  
Pam Bradford

b) Van Buren County Water Assoc.  
1214 Hwy 95 E. Clinton 72031  
Board  
Pam Bradford

**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) \_\_\_\_\_  
(amount owed) \_\_\_\_\_  
b) \_\_\_\_\_  
(name of governmental body) \_\_\_\_\_  
(amount owed) \_\_\_\_\_~~

**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)







JOHN THURSTON

ARKANSAS SECRETARY OF STATE

AFFIDAVIT FOR PAPER FILINGS

For candidates required to file carryover fund reports in electronic form under § 7-6-203 and campaign contribution and expenditure reports in electronic form under § 7-6-207.

Pursuant to § 7-6-230, the Secretary of State shall not accept a report in paper form unless this notarized affidavit is submitted with the first paper report in the election cycle.

I hereby declare:

I do not have access to the technology necessary to submit reports in electronic form;

Submitting reports in electronic form would constitute a substantial hardship for me; and

I agree to file all other reports in paper form for the duration of the 2022 election cycle. (applicable year)

2022 JAN -3 AM 10:45  
PAM BRADFORD  
COUNTY CLERK  
VAN BUREN CO., ARKANSAS

FILED

Signature: [Handwritten Signature] Date: 01-03-22

Printed Name: Pam Bradford

State of Arkansas

County of Van Buren

Subscribed and sworn before me this 3rd day of January, 20 22.

Signature of Notary Public [Handwritten Signature]

My Commission expires: 9/10/31

[Legible Notary Seal]







# CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

Check if this report is an amendment

This report should be filed with the County Clerk of the county in which the election is held

Due by  
1-18-22

1. Name of Candidate  
Pam Bradford

Address  
P.O. Box 557

City, State and Zip  
Clinton AR 72031

Phone Number:  
501-253-8970

Office Sought  
County Clerk District Number \_\_\_\_\_

Does the candidate have a campaign committee? ( ) Yes (X) No  
If yes, complete the following:

Name of Chairperson/Treasurer: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Clerk's File Stamp)

2022 JAN -3 AM 10:45

FILED

PAM BRADFORD  
COUNTY CLERK  
VAN BUREN CO., ARKANSAS

2. Type of Election: (check only one) Year of Election \_\_\_\_\_

Primary  Primary Runoff  General  General Runoff  
 Special  Annual School  Annual School Runoff

3. Type of Report: (check one) This report covers what period? (01 P1 121) through (12 31 21)

Preelection report Annual

- Final report (check method by which surplus campaign funds were disposed)\*
- Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)
  - A political party as defined in Ark. Code Ann. § 7-1-101 or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives
  - Contributors to the candidate's campaign
  - 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
- Supplemental Report

\*If the campaign has not ended, disposal of campaign funds is not required and the candidate may carry forward any remaining campaign funds to the next election in the cycle for that same office.

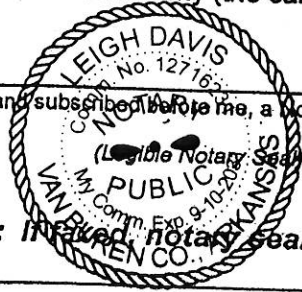
| SUMMARY  | FOR REPORTING PERIOD | CUMULATIVE TO |
|--|----------------------|---------------|
| 4. Balance of campaign funds at beginning of reporting period  | /                    |               |
| 5. Interest (if any) earned on campaign account  |                      |               |
| 6. Total Loans (enter total from line 12)  |                      |               |
| 7. Total Monetary Contributions (enter total from line 19)   |                      |               |
| 8. Total Expenditures (enter total from line 28)   |                      |               |
| 9. Balance of campaign funds at close of reporting period  |                      |               |
| 10. If this is candidate's final report for an election, amount of carryover funds or outstanding indebtedness (use brackets to indicate debt) |                      |               |
| 11. ( ) NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)                   |                      |               |

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

Pam Bradford  
Signature of Candidate or Candidate's Representative

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

My Commission Expires: 9/10/31



Note: If raised, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

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









# CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

For County, Municipal and School Board Candidates

Check if this report is an amendment

This report should be filed with the County Clerk of the county in which the election is held

Due by  
1-18-22

1. Name of Candidate: Pam Bradford  
 Address: P.O. Box 557  
 City, State and Zip: Clinton AR 72031 Phone Number: 501-253-8970  
 Office Sought: County Clerk District Number: \_\_\_\_\_  
 Does the candidate have a campaign committee? ( ) Yes (X) No  
 If yes, complete the following:  
 Name of Chairperson/Treasurer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Type of Election: (check only one) Year of Election \_\_\_\_\_  
 Primary  Primary Runoff  General  General Runoff  
 Special  Annual School  Annual School Runoff

(Clerk's File Stamp)

2022 JAN -3 AM 10:45  
**FILED**  
 PAM BRADFORD  
 COUNTY CLERK  
 VAN BUREN CO., ARKANSAS

3. Type of Report: (check one) This report covers what period? (01/01/21) through (12/31/21)  
 Preelection report Annual  
 Final report (check method by which surplus campaign funds were disposed)\*  
 Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)  
 A political party as defined in Ark. Code Ann. § 7-1-101 or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives  
 Contributors to the candidate's campaign  
 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  
 Supplemental Report

\*If the campaign has not ended, disposal of campaign funds is not required and the candidate may carry forward any remaining campaign funds to the next election in the cycle for that same office.

| SUMMARY  | FOR REPORTING PERIOD | CUMULATIVE TOTAL |
|--|----------------------|------------------|
| 4. Balance of campaign funds at beginning of reporting period  |                      |                  |
| 5. Interest (if any) earned on campaign account  |                      |                  |
| 6. Total Loans (enter total from line 12)  |                      |                  |
| 7. Total Monetary Contributions (enter total from line 19)   |                      |                  |
| 8. Total Expenditures (enter total from line 28)   |                      |                  |
| 9. Balance of campaign funds at close of reporting period  |                      |                  |
| 10. If this is candidate's final report for an election, amount of carryover funds or outstanding indebtedness (use brackets to indicate debt) |                      |                  |
| 11. ( ) NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)                   |                      |                  |

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

Signature of Candidate or Candidate's Representative: Pam Bradford  
 Notary Signature: \_\_\_\_\_  
 My Commission Expires: 9/10/31

Sworn to and subscribed before me, a Notary Public, in and for Van Buren County, Arkansas, on this 3rd day of January 2022

(Legible Notary Seal)  
 LEIGH DAVIS  
 No. 12716  
 PUBLIC  
 My Comm. Exp. 9-10-31  
 VAN BUREN CO., ARKANSAS

**Note: If raised, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.**

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

## 12. LOAN INFORMATION

Please Type or Print  
Do not list loans previously reported

| DATE                                    | NAME AND ADDRESS OF LENDING INSTITUTION | GUARANTOR(S) IF ANY | AMOUNT |
|---|---|---------------------|--------|
|   |   |                     |        |
|   |   |                     |        |
|   |   |                     |        |
|   |   |                     |        |
|   |   |                     |        |
|   |   |                     |        |
|   |   |                     |        |
|   |   |                     |        |
|   |   |                     |        |
| 13. TOTAL LOANS DURING REPORTING PERIOD |   |                     | \$     |

### IMPORTANT

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 12.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds which he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 12.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds which he or she contributed to the campaign, then those personal funds would not be reported in Section 12. Instead, they would be reported as a campaign contribution either in Section 16 or on line 18, depending upon the amount.

If a candidate has unpaid loans at the end of the primary, runoff, special, or general election, the source, description and amount of each such loan should be itemized in Section 29. Candidates ending their campaign in debt are permitted to raise funds to retire the debt subject to the restrictions contained in Ark. Code Ann. § 7-6-219.

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REVISED 12/2013

### 14. NONMONEY CONTRIBUTIONS

Does not include volunteer services by individuals

| Date of receipt                  | Full Name and Address of Contributor | Description of nonmoney item | Value of nonmoney item | Cumulative Total of This Contributor |
|----------------------------------|--------------------------------------|------------------------------|------------------------|--------------------------------------|
|                                  |                                      |                              |                        |                                      |
|                                  |                                      |                              |                        |                                      |
|                                  |                                      |                              |                        |                                      |
|                                  |                                      |                              |                        |                                      |
|                                  |                                      |                              |                        |                                      |
|                                  |                                      |                              |                        |                                      |
|                                  |                                      |                              |                        |                                      |
| 15. TOTAL NONMONEY CONTRIBUTIONS |                                      |                              |                        |                                      |

### IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a person provides him 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. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

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

REVISED 12/2013



# 16. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

(Use copies of this page as needed)

| Date                                       | Full Name and Mailing Address of Contributor | Place of Employment | Amount of Contribution  | Contributed From |
|--|--|---------------------|---|------------------|
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
|  |  |                     | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                  |
| <b>Subtotal of Contributions This Page</b> |  |                     |   |                  |

NA

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

# ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

| Date  | Full Name and Mailing Address of Contributor | Place of Business Employer/Organization | Amount of Contribution  | Politically Exposed Person |
|---|--|---|---|----------------------------|
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   | N/A  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
|   |  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Run-Off<br><input type="checkbox"/> General <input type="checkbox"/> Debt |                            |
| <b>17. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50</b>                                    |  |   |   |                            |
| <b>18. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS</b>   |  |   |   |                            |
| <b>19. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b><br>(Includes totals from lines 17 and 18) |  |   |   |                            |

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

