

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 2014

*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

1. NAME OF COMMITTEE (IN FULL) GoEddieJoePAC	2. TYPE OF REPORT <input type="checkbox"/> First Quarter—due April 15 covers January 1 through March 31 <input type="checkbox"/> Second Quarter—due July 15 covers April 1 through June 30 <input checked="" type="checkbox"/> Third Quarter—due Oct 15 covers July 1 through September 30 <input type="checkbox"/> Fourth Quarter—due Jan 15 covers October 1 through December 31
ADDRESS 401 Cobblestone Drive	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE AND ZIP CODE Cabot, AR 72023	

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$8,750.00	
5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY)	\$0.00	\$0.00
6. TOTAL MONETARY CONTRIBUTIONS RECEIVED	\$0.00	\$20,500.00
7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES	\$2,000.00	\$8,000.00
8. ADMINISTRATIVE EXPENSES	\$0.00	\$0.00
9. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$6,750.00	
10. <input type="checkbox"/> NO ACTIVITY (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.

on file _____
 Signature of PAC Officer

State of Arkansas _____)ss County of _____ Subscribed and sworn before me this _____ day of _____, 20 _____.	on file _____ Signature of Notary Public
(Legible Notary Seal) My Commission Expires: _____	
Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.	

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 Ark. Code Ann. § 7-6-201 through § 7-6-227. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

11. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEES OVER \$500

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

Date	Name of Contributor	Address of Contributor	Employer/ Place Of Business	Amount Of Contribution	Cumulative Total for Year
N/A					
12. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				\$0.00	
13. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				\$0.00	
14. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (to be entered on line #6)				\$0.00	

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15. ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEES 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
N/A				
16. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				\$0.00
17. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				\$0.00
18. TOTAL NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				\$0.00

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.

19. ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES OVER \$50

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

Date	Name of Candidate/Committee To Whom Contribution Made	Address of Candidate/Committee	Election for Which Contribution was Made	Amount Of Contribution
07/24/2014	Jason Rapert 2014 Campaign	P. O. Box 10388 Conway, AR 72034	2014 General	\$1,000.00
07/01/2014	Braswell for Judge	P.O. Box 1888 Conway , AR 72023	201	\$1,000.00
07/24/2014	Jana Della Rosa Campaign	P.O. Box 717 Lowell, AR 72745	2014	\$250.00
08/06/2014	DENNIS MILLIGAN FOR STATE TREASURER	P.O. BOX 910 ALEXANDER, AR 72002	2014	\$250.00
08/06/2014	Asa for Governor	P.O. Box 22467 Little Rock,, AR 72221	2014	\$500.00
08/23/2014	Asa for Governor	P.O. Box 22467 Little Rock,, AR 72221	2014	\$500.00
08/27/2014	Asa for Governor	P.O. Box 22467 Little Rock,, AR 72221	2014	\$150.00
09/02/2014	Nate Bell	419 Polk 47 Mena, AR 71953	2014	\$250.00
09/21/2014	Bruce Westerman	245 Autumnwood Way Hot Springs, AR 71901	2014	\$100.00
09/08/2014	Missy Irvin Campaign Fund	PO Box 106 Mountain View, AR 72560	2014	\$(2,000.00)
20. TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				\$2,000.00
21. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				\$0.00

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22. TOTAL MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD (to be entered on line #7)	\$2,000.00
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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
N/A				
24. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				\$0.00
25. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				\$0.00
26. TOTAL NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD				\$0.00

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27. ITEMIZED ADMINISTRATIVE EXPENSES OVER \$100

Please Type or Print

Date	Name and Address of Supplier/Payee	Description of Expenditure	Amount of Expenditure
N/A			
28. TOTAL ITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD			\$0.00
29. TOTAL NONITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD			\$0.00
30. TOTAL ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD (to be entered on line #8)			\$0.00

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