

# 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

## F I L E D

OCT 15 2013

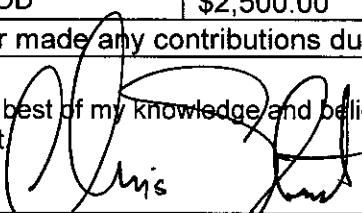
Arkansas  
Secretary of State

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> Citizens for Information Technology PAC	<b>2. TYPE OF REPORT</b> <input type="checkbox"/> April 15 Quarterly covers January 1 through March 31 <input type="checkbox"/> July 15 Quarterly covers April 1 through June 30 <input checked="" type="checkbox"/> October 15 Quarterly covers July 1 through September 30 <input type="checkbox"/> January 15 Quarterly covers October 1 through December 31
<b>ADDRESS</b> P.O. Box 314	<b>3. IS THIS REPORT AN AMENDMENT?</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>CITY, STATE AND ZIP CODE</b> Little Rock, AR 72203	

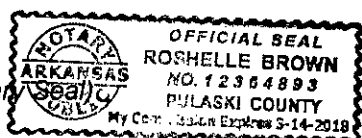
SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$0	
5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY)	\$0	
6. TOTAL MONETARY CONTRIBUTIONS RECEIVED	\$3,000.00	\$3,000.00
7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES	\$0	\$ 0.00
8. ADMINISTRATIVE EXPENSES	\$ 500.00	\$ 500.00
9. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$2,500.00	
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

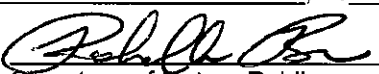
State of Arkansas }  
 County of Pulaski } ss

Subscribed and sworn before me this 15<sup>th</sup> day of October, 20 13.



(Legible Notary Seal)

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

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

**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 COMMITTEE 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
7/8/13	Briarwood Nursing and Rehabilitation Center, Inc.	415 Rogers Ave. Fort Smith, AR 72901	Briarwood Nursing and Rehabilitation Center, Inc.	\$3,000.00	\$3,000.00

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## 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				<b>\$3,000.00</b>	
13. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD					

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<b>14. TOTAL MONETARY CONTRIBUTIONS RECEIVED</b> <b>DURING REPORTING PERIOD</b> (to be entered on line #6)	<b>\$3,000.00</b>	
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**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
<b>16. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD</b>				
<b>17. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD</b>				
<b>18. TOTAL NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD</b>				

**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**

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**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

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**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
<b>20. TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD</b>				
<b>21. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD</b>				

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<b>22. TOTAL MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD</b> (to be entered on line #7)	
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REVISED 09/09



**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
<b>24. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD</b>				
<b>25. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD</b>				
<b>26. TOTAL NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD</b>				

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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
8/8/13	Stewart Law Firm 904 Garland Street Little Rock, AR 72201	Administrative Expenses	\$500.00
<b>28. TOTAL ITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD</b>			<b>\$500.00</b>
<b>29. TOTAL NONITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD</b>			
<b>30. TOTAL ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD</b> (to be entered on line #8)			<b>\$500.00</b>

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**REVISED 09/09**