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

FILED

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

Secretary of State			
1. NAME OF COMMITTEE (IN FULL)		2. TYPE O	F REPORT
Go Good Government PAC		☐ April 15 Quarterly covers January 1 through March 31	
ADDRESS		☐ July 15 Quai	-
P.O. Box 312		covers April 1 thro	ough June 30
·		□ October 15 Quarterly	
			ugh September 30
		☐ January 15 (
CITY, STATE AND ZIP CODE		3. IS THIS REPORT	through December 31
Little Rock, AR 72203		3. 15 THIS REPORT	AN AMENUMENT?
Little Nock, AN 72203		☐ YES	⊠ NO
SUMMARY	FΩ	R REPORTING	CUMULATIVE
SOMMAN		PERIOD	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	\$3,00	00.00	\$3,000.00
7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES	\$0		\$ 0.00
8. ADMINISTRATIVE EXPENSES	\$ 50	00.00	\$ 500.00
BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD		00.00	
10. () NO ACTIVITY (check if you have not received or made any con	ntribu	tions during this re	eporting period)
I certify under oath that I have examined this report and to the best of my known disclosed is a complete, true, and accurate financial statement. Signature of PAC Office.	,	and belief the inform	nation so
State of Arkansas County of Pulashi State of Arkansas State of Arkansas			
Subscribed and sworn before me this 15 th day of October Signature of Notary	15.	20 13	

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.

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.

NO. 12364893

PULASKI COUNTY

(Legible Notary \$

My Commission Expired

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	Sherwood Nursing & Rehabilitation Center, Inc.	415 Rogers Ave. Fort Smith, AR 72901	Sherwood Nursing & Rehabilitation Center, Inc	\$3,000.00	\$3,000.00

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 MONE RECEIVED DURING RE	PORTING PERIOD		\$3,000.00	
	13. TOTAL UNITEMIZED MO RECEIVED DURING RE	PORTING PERIOD	ONS		71.1

\$3,000.00



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

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

Date of	Full Name and Address of Contributor	Description of Nonmoney Item	Value of Nonmoney Item	Cumulative Total From
Receipt		·	,	This Contributor
				- CONTRIBUTOR
	16. TOTAL ITEMIZED NONMONEY		<u> </u>	
	RECEIVED DURING REPORTING PERIOD 17. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS			
	RECEIVED DURING REPORTING PERIOD 18. TOTAL NONMONEY CONTRIBUTIONS			
	RECEIVED DURING REPORTIN			

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



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

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

Name of Candidate/Committee To Whom Contribution Made	Address of Candidate/Committee	Election for Which Contribution was Made	Amount Of Contribution
			
	Candidate/Committee	Candidate/Committee To Whom Contribution Made of Candidate/Committee To Whom Contribution Made	Candidate/Committee To Whom Contribution Made of Candidate/Committee Contribution was Made

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 MONE CANDIDATES AND COM 21. TOTAL UNITEMIZED MO	MITTEES DURING REPOR	TING PERIOD	
	CANDIDATES AND COMMITTEES DURING REPORTING PERIOD			

22. TOTAL MONETARY CONTRIBUTIONS MADE TO CANDIDATES	
AND COMMITTEES DURING REPORTING PERIOD	
(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
,				
	,			
		_		
		IONEY CONTRIBUTIONS	MADE TO	
	24. TOTAL ITEMIZED NONM	IONEY CONTRIBUTIONS MITTEES DURING REPO	RTING 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			

27. ITEMIZED ADMINISTRATIVE EXPENSES OVER \$100

Please Type or Print

Date	Name and Address of	Description	Amount of
	Supplier/Payee	of Expenditure	Expenditure
	Stewart Law Firm	A description of the	
8/8/13	904 Garland Street	Administrative Expenses	\$500.00
	Little Rock, AR 72201		
			_
	·]
]
		1	· · · · · · · · · · · · · · · · · · ·
28 TOTAL	SES INCLIDED	\$500.00	
28. TOTAL ITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD			\$500.00
29. TOTAL			
DURIN			
<u> </u>	\$500.00		
30. TOTAL ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD (to be entered on line #8)			\$500.00
KEPUI	TIMO FERIOD (to be entered on line #8)		

