### 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

1. NAME OF COMMITTEE (IN FULL)

### 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

2. TYPE OF REPORT

Taxpayers for Change PAC	🛘 April 15 Qua	rterly					
ADDRESS	covers January 1	•					
P.O. Box 295		☐ July 15 Quar covers April 1 thro					
		☑ October 15 (					
		covers July 1 thro	ugh September 30				
		☐ January 15 (					
CITY, STATE AND ZIP CODE		covers October 1 3. IS THIS REPORT	through December 31				
Little Rock, AR 72203		G. IO THIO REPORT	AN AMERICAT:				
,		☐ YE\$	⊠ NO				
CHIMMADV		D DEDORTING	OUBSIN ATO/E				
SUMMARY	50	R REPORTING PERIOD	CUMULATIVE TOTALS				
4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$0	1 ERIOD	TOTALS				
5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY)	\$0						
6. TOTAL MONETARY CONTRIBUTIONS RECEIVED	\$3,0	00.00	\$3,000.00				
7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES	\$ 500.00		\$ 500.00				
8. ADMINISTRATIVE EXPENSES	\$ 5	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 co	ontribu	tions during this re	porting period)				
I certify under oath that I have examined this report and to the best of my know disclosed is a complete, true, and accurate financial statement.  Signature of PAC O	I certify under oath that I have examined this report and to the best of my knowledge and bellef the information so						
•	nicer						
State of Arkansas							
County of Palaski							
Subscribed and sworn before me this 15th day of October , 20 13							
(Legible Notary Seal) HSAS PULACKI COUNTY  My Commission Expires:  OFFICIAL SEAL ROSHELLE BROWN NO. 1 2 3 0 4 8 8 3 PULACKI COUNTY  My Commission Expires:  OFFICIAL SEAL ROSHELLE BROWN NO. 1 2 3 0 4 8 8 3 PULACKI COUNTY  My Commission Expires:  OFFICIAL SEAL ROSHELLE BROWN NO. 1 2 3 0 4 8 8 3 PULACKI COUNTY  My Commission Expires:	Public	2	<del></del>				
Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) a	nd the c	original must follow with	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.				

## 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	Nursing & Rehabilitation Center at Good Shepherd, LLC	415 Rogers Ave. Fort Smith, AR 72901	Nursing & Rehabilitation Center at Good Shepherd, LLC	\$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
			-		
	3145				
			-		
<u> </u>	12. TOTAL ITEMIZED MONE RECEIVED DURING RE	PORTING PERIOD		\$3,000.00	
	13. TOTAL UNITEMIZED MO RECEIVED DURING RE		NS		



## 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
i	16. TOTAL ITEMIZED NONMONEY ( RECEIVED DURING REPORTIN	G PERIOD		
	17. TOTAL NONITEMIZED NONMOR RECEIVED DURING REPORTIN 18. TOTAL NONMONEY CONTRIBU	G PERIOD	3	
	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
Andrea Lea for Auditor	P.O. Box 1821 Russelville, AR 72811	Arkansas State Auditor	\$500.00
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	Candidate/Committee To Whom Contribution Made  Andrea Lea for Auditor	Candidate/Committee To Whom Contribution Made  Andrea Lea for Auditor  P.O. Box 1821 Russelville, AR 72811	Candidate/Committee To Whom Contribution Made  Andrea Lea for Auditor  P.O. Box 1821 Russelville, AR 72811  Arkansas State Auditor

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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
9/25/13	Andrea Lea for Auditor	P.O. Box 1821 Russelville, AR 72811	Arkansas State Auditor	\$500.00
<u>, , , , , , , , , , , , , , , , , , , </u>				
		<u> </u>		
	20. TOTAL ITEMIZED MONI CANDIDATES AND COM	ETARY CONTRIBUTIONS MMITTEES DURING REPO	MADE TO	\$500.00

21. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD	
22. TOTAL MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD (to be entered on line #7)	\$500.00

### 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
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	25. TOTAL UNITEMIZED NO	MITTEES DURING REPOR NMONEY CONTRIBUTION	RTING PERIOD IS 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		
8/8/13	904 Garland Street	Administrative Expenses	\$500.00
	Little Rock, AR 72201		
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	<del></del>		
	LITERALZED ADMINISTRATIVE EVE	NOTE INCLIDED	<b>A</b> 5-5
28. TOTAL ITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD			\$500.00
29. TOTA			
DURIN			
30. TOTAL ADMINISTRATIVE EXPENSES INCURRED DURING			\$500.00
REPORTING PERIOD (to be entered on line #8)			

