

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 MAY 2 AM 7:53
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ARKANSAS Red State Association

ADDRESS (number and street) 1145 East Bluff Drive

▼
 Check if different than previously reported. (ACC)
Quitman AR 72131

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00574459

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY 01 / 01 / 2016 through MM / DD / YYYY 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Roberts

Signature of Treasurer Paul Roberts Date MM / DD / YYYY 04 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

20160502 10:00:00 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

01 / 01 / 2016

To:

03 / 31 / 2016

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2016		
(b) Cash on Hand at Beginning of Reporting Period.....	1,103,723	
(c) Total Receipts (from Line 19)	00	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,103,723	
7. Total Disbursements (from Line 31)	00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,103,723	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

20160331 11:03:23 AM

DETAILED SUMMARY PAGE of Disbursements

II. Disbursements

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

NON-FEDERAL SHARE

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 1 OF 1
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Arkansas Red State Association

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
 Primary
 General
 Other (specify) ▼
NO loans

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:
 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ []

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

11-11-2010 10:00:00 AM

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page of Schedule C

NAME OF COMMITTEE (In Full) Arkansas Red State Association	FEC IDENTIFICATION NUMBER C
--	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name No loans	Amount of Loan 0.00	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code	Date Due	<input type="text"/> / <input type="text"/> / <input type="text"/>

A. Has loan been restructured? No Yes If yes, date originally incurred / /

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: / / Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
Title	

2025 RELEASE UNDER E.O. 14176

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 1 OF 1

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
No Debts		
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

UNLAWNED | UNLAWNED | UNLAWNED | UNLAWNED | UNLAWNED

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE / OF /
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Arkansas Red State Association	FEC IDENTIFICATION NUMBER ▼ C
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee No Expenditures	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address		Amount _____
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	_____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address		Amount _____
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	_____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	_____
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	_____
(c) TOTAL Independent Expenditures.....▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y Y Y

20150908 10:00:00 AM

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

N/A

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

CONFIDENTIAL INFORMATION

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

N/A

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

COUNTDOWN TO NOVEMBER

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Arkansas Red State Association

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City *N/A* State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: _____ / _____ / _____

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____		_____		_____

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: _____ / _____ / _____

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____		_____		_____

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: _____ / _____ / _____

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____		_____		_____

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____		_____		_____

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____		_____		_____

DUPLICATE NO LONGER VALID

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ARKANSAS Red State Association

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address **N/A**
 City State Zip Code
 Purpose of Disbursement
 Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign
 Allocated Activity or Event Year-To-Date
 Date M M / D D / Y Y Y Y

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign
 Allocated Activity or Event Year-To-Date
 Date M M / D D / Y Y Y Y

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign
 Allocated Activity or Event Year-To-Date
 Date M M / D D / Y Y Y Y

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE		LEVIN SHARE	=	TOTAL AMOUNT

TOTAL This Period for the Levin Share

		LEVIN SHARE	=	TOTAL AMOUNT

1-800-424-9546

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Arkansas Red State Association

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Receipt

MMM / DD / YYYY

Mailing Address
N/A

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Receipt

MMM / DD / YYYY

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Receipt

MMM / DD / YYYY

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Receipt

MMM / DD / YYYY

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

RECEIVED BY CONTRIBUTOR

