

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 JUL 13 AM 9:07

Office Use Only

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

ARKANSAS RIED STATE ASSOCIATION

ADDRESS (number and street) 145 EAST BIRCH 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 04 / 01 / 2016 through 06 / 30 / 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 07 / 05 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Arkansas Red State Association

Report Covering the Period: From:

/  /

To:

/  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1,103,723"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6,000,000"/>	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1,703,723"/>	
7. Total Disbursements (from Line 31).....	<input type="text" value="00"/>	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1,703,723"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Arkansas Red State Association*

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2016 To: MM / DD / YYYY 06 / 30 / 2016

**I. Receipts**

**COLUMN A**  
Total This Period

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

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6,000.00	
(ii) Unitemized.....	00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6,000.00	
(b) Political Party Committees.....	00	
(c) Other Political Committees (such as PACs).....	00	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	6,000.00	
12. Transfers From Affiliated/Other Party Committees.....	00	
13. All Loans Received.....	00	
14. Loan Repayments Received.....	00	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00	
17. Other Federal Receipts (Dividends, Interest, etc.).....	00	
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00	
(b) Levin Funds (from Schedule H5).....	00	
(c) Total Transfers (add 18(a) and 18(b))..	00	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6,000.00	
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	00	

DOWNLOADED FROM: www.fec.gov

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

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

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6,000.00	
34. Total Contribution Refunds (from Line 28(d)) .....	00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6,000.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	00	
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	00	

COLUMN B: THE LINE NUMBER

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1 OF 4
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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**

Full Name (Last, First, Middle Initial) A. <b>Sandra F. Phelps</b>		Date of Receipt 04 / 15 / 2016
Mailing Address <b>134 Oxbow Landing</b>		Amount of Each Receipt this Period 500.00
City <b>Heber Springs</b>	State Zip Code <b>AR. 72543</b>	
FEC ID number of contributing federal political committee. <b>C00574459</b>		
Name of Employer	Occupation <b>retired</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. <b>Paul Roberts</b>		Date of Receipt 04 / 20 / 2016
Mailing Address <b>145 East Bluff Drive</b>		Amount of Each Receipt this Period 500.00
City <b>Quitman</b>	State Zip Code <b>AR 72131</b>	
FEC ID number of contributing federal political committee. <b>C00574459</b>		
Name of Employer	Occupation <b>Retired</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. <b>Raymond Harris</b>		Date of Receipt 04 / 20 / 2016
Mailing Address <b>812 Ausley Dr.</b>		Amount of Each Receipt this Period 500.00
City <b>Heber Springs</b>	State Zip Code <b>AR 72543</b>	
FEC ID number of contributing federal political committee. <b>C00574459</b>		
Name of Employer	Occupation <b>Retired</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1,500.00
TOTAL This Period (last page this line number only).....▶	

20160415 11:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 4  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

Full Name (Last, First, Middle Initial)

A. Gerald P. Smith

Mailing Address

508 Fox Run Rd

City

Heber Springs

State

AR.

Zip Code

72543

FEC ID number of contributing federal political committee.

C00574459

Name of Employer

Occupation

Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 21 2016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Freddie Lou Quist

Mailing Address

P.O. Box 1242

City

Heber Springs

State

AR

Zip Code

72543

FEC ID number of contributing federal political committee.

C00574459

Name of Employer

Occupation

Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 02 2016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jacobson, James W.

Mailing Address

61 Timberline Drive

City

Heber Springs

State

AR.

Zip Code

72543

FEC ID number of contributing federal political committee.

C00574459

Name of Employer

Occupation

retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 05 2016

Amount of Each Receipt this Period

500.00

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

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)

A. Jackson, Elizabeth Ann

Mailing Address

P.O. Box 780-517 Bay View Place

City

Heber Springs

State

AR

Zip Code

72547

FEC ID number of contributing federal political committee.

C00574459

Name of Employer

Occupation

retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 05 2016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Davis, Arky

Mailing Address

45 Candlestick Rd. E.

City

Heber Springs

State

AR

Zip Code

72543

FEC ID number of contributing federal political committee.

C00574459

Name of Employer

Occupation

Business Owner

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 15 2016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Neal, Harold R.

Mailing Address

124 E. Bluff Dr.

City

Quitman

State

AR

Zip Code

72131

FEC ID number of contributing federal political committee.

C00574459

Name of Employer

Occupation

retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 21 2016

Amount of Each Receipt this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) **None**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

2010-01-14 11:01:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**Arkansas Med State Association**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**no loans**

Election:  
 Primary  
 General  
 Other (specify) ▼

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:

/  /   /  /   % (apr)  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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional) ..... ▶  0.0

**TOTALS** This Period (last page in this line only) ..... ▶  0.0

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

NOT FOR INFORMATION PURPOSES

**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 1 of Schedule C

NAME OF COMMITTEE (In Full) <b>Arkansas Red State Association</b>	FEC IDENTIFICATION NUMBER <b>C00574459</b>
--	---

LENDING INSTITUTION (LENDER) Full Name <b>NO LOANS</b>	Amount of Loan <b>00</b>	Interest Rate (APR) <b>00</b> %
--	-----------------------------	------------------------------------

Mailing Address	Date Incurred or Established	M / M /	D / D /	Y / Y /
City State Zip Code	Date Due	M / M /	D / D /	Y / Y /

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

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: M / M / D / D / Y / Y / 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 M / M / D / D / Y / Y /
---	---------------------------------

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 M / M / D / D / Y / Y /
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 / OF /
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input type="checkbox"/> 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):
<i>no debts</i>	
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) ▶	

2010-07-14 11:00 AM

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

PAGE 1 OF 1  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Arkansas Red State Association</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00574459</b>
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 <b>No expenditures</b>	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type
Name of Federal Candidate	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	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type
Name of Federal Candidate	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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	MM / DD / YYYY
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	MM / DD / YYYY
(c) <b>TOTAL</b> Independent Expenditures.....▶	MM / DD / YYYY

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 MM / DD / YYYY

20130910 11:11:01 AM

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>Arkansas Red State Association</b>		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee	
<b>No expenditures</b>		Mailing Address
		City State ZIP Code

2019-07-14 10:00:24

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date MM / DD / YYYY	
City State Zip Code	Amount <input type="text"/>	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date MM / DD / YYYY	
City State Zip Code	Amount <input type="text"/>	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date MM / DD / YYYY	
City State Zip Code	Amount <input type="text"/>	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	
SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/> 00	
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 00	

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

2016-07-14 08:24:00

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

N/A

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

NON-FEDERAL CANDIDATE



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

Purpose of Disbursement:  
 Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code

Purpose of Disbursement:  
 Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**C. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code

Purpose of Disbursement:  
 Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

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

NON-FEDERAL SHARE

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**Arkansas Red State Association**

NAME OF ACCOUNT <b>N/A</b>	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-------------------------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration).....

**TOTAL** This Period (Voter ID) .....

**TOTAL** This Period (GOTV).....

**TOTAL** This Period (Generic Campaign Activity).....

**TOTAL** This Period (Total Amount of Transfers Received).....  00

20110713 10:00:24 AM

**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  
N/A

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Allocated Activity or Event Year-To-Date

Date

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 This Period for the Levin Share**

2016071400002414

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <b>Arkansas Red State Association</b>
NAME OF ACCOUNT <b>N/A</b>

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)		00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)		00
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)		
8. RECEIPTS ..... (from Line 3)		
9. SUBTOTAL ..... (Add Lines 7 and 8)		
10. DISBURSEMENTS ..... (From Line 6)		
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)		00

2010-07-14 10:00:00 AM



**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE } OF /
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5	<input type="checkbox"/> 4b <input type="checkbox"/> 4d

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

Mailing Address: *N/A*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

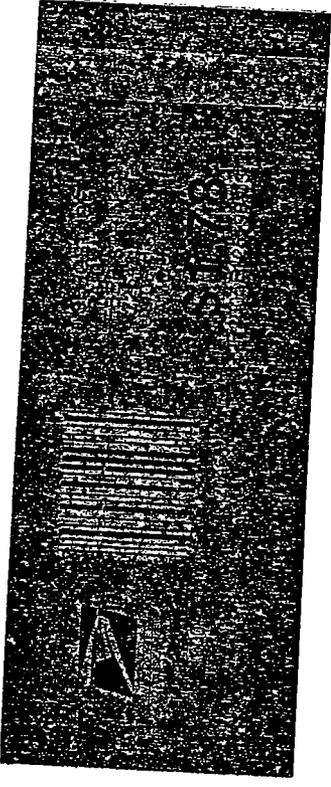
Amount of Each Disbursement this Period:

**SUBTOTAL** of Disbursements This Page (optional).....▶  *0.0*

**TOTAL** This Period (last page this line number only).....▶  *0.0*

2010-01-14 10:00:00 AM

2016 JUL 13 AM 9:07



Federal Commission  
999 E Steet, NW  
Washington, DC 20463

2016 JUL 13 AM 9:07

