

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., NW		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Individual filers only Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
 July 15 Quarterly Report
 October Quarterly Report
 January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM ^M0^M3 / ^D1^D4 / ^Y2^Y0^Y1^Y0

THROUGH

^M0^M3 / ^D2^D3 / ^Y2^Y0^Y1^Y0

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 11215.58

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Elizabeth Towne		03/25/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

10030273406

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
03 / 18 / 2010

Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
03 / 19 / 2010

Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 436.36

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 654.54

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 654.54

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10030273407

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 872.72

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1090.90

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
03 / 18 / 2010

Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 654.54

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273408

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
03 / 19 / 2010

Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Willie Homes

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 654.54

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10030273409

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Willie Homes

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
440 Rocky Springs Dr.

Amount

202.50

City State Zip Code
Blacklick OH 43004

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address
440 Rocky Springs Dr.

Amount

202.50

City State Zip Code
Blacklick OH 43004

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 623.18

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273410

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date
M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address
440 Rocky Springs Dr.

Amount
202.50

City State Zip Code
Blacklick OH 43004

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jessica Ackers

Date
M M / D D / Y Y Y Y
03 / 18 / 2010

Mailing Address
2221 Wentwood Valley Dr. #44

Amount
176.51

City State Zip Code
Little Rock AR 72212

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jessica Ackers

Date
M M / D D / Y Y Y Y
03 / 19 / 2010

Mailing Address
2221 Wentwood Valley Dr. #44

Amount
176.51

City State Zip Code
Little Rock AR 72212

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 555.52

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273411

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Jessica Ackers	Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address 2221 Wentwood Valley Dr. #44	Amount 176.51
City State Zip Code Little Rock AR 72212	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Jessica Ackers	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 2221 Wentwood Valley Dr. #44	Amount 176.51
City State Zip Code Little Rock AR 72212	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Corey Spengler	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 2 Helen St Apt 4	Amount 176.51
City State Zip Code Ward AR 72176	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(a) SUBTOTAL of Itemized Independent Expenditures	529.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273412

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Jacob Kaufman			Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 16 Buttermilk Rd			Amount 176.51
City Little Rock	State AR	Zip Code 72227	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: Senate <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Steve Karbowiak			Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 4195 West 22nd St			Amount 176.51
City Cleveland	State OH	Zip Code 44109	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: Senate <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Mary Richards			Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 1203 Emerson St. Apt 21			Amount 176.51
City Denver	State CO	Zip Code 90218	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: Senate <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(a) SUBTOTAL of Itemized Independent Expenditures	529.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273413

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Lenora Cannon

Date

M 03 / D 23 / Y 2010

Mailing Address

10415 Independence Ln

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Ben Mathews

Date

M 03 / D 23 / Y 2010

Mailing Address

9 Chad Ct

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72118

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Vanessa Watson

Date

M 03 / D 23 / Y 2010

Mailing Address

10304 Woodridge Dr.

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

10030273414

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
03 / 14 / 2010

Mailing Address
PO Box 360001

Amount

389.80

City State Zip Code
Ft Lauderdale FL 33336

Purpose of Expenditure
Airfare

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
03 / 15 / 2010

Mailing Address
PO Box 360001

Amount

14.89

City State Zip Code
Ft lauderdale FL 33336

Purpose of Expenditure
Rental car

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
03 / 16 / 2010

Mailing Address
PO Box 360001

Amount

14.89

City State Zip Code
Ft Lauderdale FL 33336

Purpose of Expenditure
Rental car

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 419.58

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273415

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 17 / 2010
Mailing Address PO Box 360001	Amount 14.89
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Rental car	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 18 / 2010
Mailing Address PO Box 360001	Amount 14.89
City State Zip Code Ft. Lauderdale FL 33336	

Purpose of Expenditure Rental car	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Office Depot	Date M M / D D / Y Y Y Y 03 / 15 / 2010
Mailing Address 2600 Cantrell Road	Amount 54.99
City State Zip Code Little Rock AR 72202	

Purpose of Expenditure Office supplies	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(a) **SUBTOTAL** of Itemized Independent Expenditures 84.77

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10030273416

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 14 / 2010
Mailing Address PO Box 360001	Amount 8.00
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Travel expense	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Staples	Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address 4219 E. Broadway St	Amount 25.42
City State Zip Code North Little Rock AR 72117	

Purpose of Expenditure Office supplies	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee Delta Airlines	Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address P.O. Box 20706	Amount 60.00
City State Zip Code Atlanta GA 30320	

Purpose of Expenditure Baggage fee	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Hatler		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
---	--

(a) SUBTOTAL of Itemized Independent Expenditures	93.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273417

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

J-Mart

Date

M 0 3 / D 2 2 / Y 2 0 1 0

Mailing Address

1101 Sheridan Rd

Amount

10.00

City

Redfield

State

AR

Zip Code

72132

Purpose of Expenditure

Gas

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Idealist

Date

M 0 3 / D 2 3 / Y 2 0 1 0

Mailing Address

302 Fifth Avenue, 11th Floor

Amount

60.00

City

NY

State

NY

Zip Code

10001

Purpose of Expenditure

Job ad

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

United Airlines

Date

M 0 3 / D 2 1 / Y 2 0 1 0

Mailing Address

PO Box 66100

Amount

25.00

City

Chicago

State

IL

Zip Code

60666

Purpose of Expenditure

Bag fee

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

95.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures

(carry total from last page forward to Line 7)

10030273418

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

10030273419

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address PO Box 360001	Amount 414.80
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Airfare	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address PO Box 360001	Amount 8.00
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Booking fees	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AR Democrat Gazette	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address P.O. Box 2221	Amount 374.76
City State Zip Code Little Rock AR 72203	

Purpose of Expenditure Job ad	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	797.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee AR Democrat Gazette	Date M 03 / D 23 / Y 2010
Mailing Address P.O. Box 2221	Amount 384.86
City Little Rock State AR Zip Code 72203	

Purpose of Expenditure Job ad	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	---

Full Name (Last, First, Middle Initial) of Payee Arkansas Times	Date M 03 / D 23 / Y 2010
Mailing Address 201 East Markham / Suite 200	Amount 70.00
City Little Rock State AR Zip Code 72201	

Purpose of Expenditure Job ad	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	---

Full Name (Last, First, Middle Initial) of Payee Idealist	Date M 03 / D 23 / Y 2010
Mailing Address 302 Fifth Avenue, 11th Floor	Amount 60.00
City NY State NY Zip Code 10001	

Purpose of Expenditure Job ad	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	---

(a) SUBTOTAL of Itemized Independent Expenditures	514.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273420

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M 03 / D 23 / Y 2010

Mailing Address
1 Airport Dr

Amount

113.07

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Rental car

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Union Jobs Clearing House

Date

M 03 / D 23 / Y 2010

Mailing Address
122 Calistoga Rd

Amount

35.00

City State Zip Code
Santa Rosa CA 95409

Purpose of Expenditure
Job ad

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M 03 / D 19 / Y 2010

Mailing Address
Hardin Rd

Amount

21.63

City State Zip Code
Little Rock AR 72203

Purpose of Expenditure
Housing

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 169.70

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273421

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
03 / 20 / 2010

Mailing Address
Hardin Rd

Amount

21.63

City State Zip Code
Little Rock AR 72203

Purpose of Expenditure
Housing

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
Hardin Rd

Amount

21.63

City State Zip Code
Little Rock AR 72203

Purpose of Expenditure
Housing

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address
Hardin Rd

Amount

86.52

City State Zip Code
Little Rock AR 72203

Purpose of Expenditure
Housing

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 129.78

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10030273422

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Extended Stay Hotel	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address Hardin Rd	Amount 86.52
City State Zip Code Little Rock AR 72203	

Purpose of Expenditure Housing	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address PO Box 360001	Amount 288.30
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Airfare	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address PO Box 360001	Amount 339.30
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Airfare	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	714.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273423

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address PO Box 360001	Amount 488.10
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Airfare	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address PO Box 360001	Amount 30.00
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure Transaction fee	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Egencia (credit card transaction)	Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address PO Box 360001	Amount 30.00
City State Zip Code Ft Lauderdale FL 33336	

Purpose of Expenditure transaction fee	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	548.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273424

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
PO Box 360001

Amount

30.00

City State Zip Code
Ft Lauderdale FL 33336

Purpose of Expenditure
Transaction fee

Category/
Type

Office Sought: House State: AR

Senate Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address
PO Box 360001

Amount

414.80

City State Zip Code
Ft Lauderdale FL 33336

Purpose of Expenditure
Airfare

Category/
Type

Office Sought: House State: AR

Senate Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address
PO Box 360001

Amount

8.00

City State Zip Code
Ft Lauderdale FL 33336

Purpose of Expenditure
Transaction fee

Category/
Type

Office Sought: House State: AR

Senate Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 452.80

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273425

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Delta		Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 1030 Delta Boulevard		Amount 25.00
City Atlanta	State GA	
Purpose of Expenditure Baggage fee	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Thrifty Car Rental		Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address 1 Airport Drive		Amount 43.96
City Little Rock	State AR	
Purpose of Expenditure Car rental	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Tahir Duckett		Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address 1325 N. Pierce St. Apt 501		Amount 45.00
City Arlington	State VA	
Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	113.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273426

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address

1325 N. Pierce St. Apt 501

Amount

45.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:
2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

Thrifty

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address

1 Airport Drive

Amount

90.95

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Rental car

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:
2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

David Wehde

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address

3126 Oakland Ave S

Amount

45.00

City

Minneapolis

State

MN

Zip Code

55407

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:
2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures

180.95

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

10030273427

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
David Wehde

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address
3126 Oakland Ave S

Amount

45.00

City State Zip Code
Minneapolis MN 55407

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
4195 West 22nd St

Amount

25.00

City State Zip Code
Cleveland OH 44109

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address
4195 West 22nd St

Amount

25.00

City State Zip Code
Cleveland OH 44109

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 95.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273428

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Steve Karbowskiak			Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 4195 West 22nd St			Amount 25.00
City Cleveland	State OH	Zip Code 44109	

Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Scott Sneddon			Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address 440 Rocky Springs Dr			Amount 25.00
City Blacklick	State OH	Zip Code 43004	

Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Scott Sneddon			Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address 440 Rocky Springs Dr			Amount 25.00
City Blacklick	State OH	Zip Code 43004	

Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 75.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10030273429

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
03 / 23 / 2010

Mailing Address
440 Rocky Springs Dr

Amount

25.00

City State Zip Code
Blacklick OH 43004

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
1203 Emerson St. Apt 21

Amount

25.00

City State Zip Code
Denver CO 90218

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address
1203 Emerson St. Apt 21

Amount

25.00

City State Zip Code
Denver CO 90218

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 75.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10030273430

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Mary Reynolds	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 1203 Emerson St. Apt 21	Amount 25.00
City State Zip Code Denver CO 90218	

Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gaelynn Dooley	Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address 95 W. 1st Ave Apt 1	Amount 25.00
City State Zip Code Columbus OH 43215	

Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gaelynn Dooley	Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address 95 W. 1st Ave Apt 1	Amount 25.00
City State Zip Code Columbus OH 43215	

Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273431

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

^M 0 3 / ^D 2 3 / ^Y 2 0 1 0 ^Y

Mailing Address

95 W. 1st Ave Apt 1

Amount

2010.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

2010.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures

11215.58

(carry total from last page forward to Line 7)

10030273432

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Web form # 406* Date of Receipt or Postmarked
3/25/10

[Signature] *3/26/10*
 PREPARER DATE PREPARED

10030273433