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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines We The People of Arkansas 702 Glasgow Lane ADDRESS (number and street) Check if different than previously Bentonville AR 72712 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00479881 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 AR Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Special (30S) Post -Election General (30G) Runoff (30R) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Joseph Conway Gammon Type or Print Name of Treasurer Electronically Filed by Mr. Joseph Conway Gammon 0 1 09 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/11 FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name We The People of Arkansas

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 20 10 Y Y Y		0.00
	(b) Cash on Hand at Begining of Reporting Period	-512.83	
	(c) Total Receipts (from Line 19)	20.00	3113.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	-492.83	3113.00
7.	Total Disbursements (from Line 31)	0.00	3605.83
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-492.83	-492.83
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	2986.42	

#### 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) 3 / 11

Write or Type Committee Name
We The People of Arkansas

Report Covering the Period:

м м 1 0

From:

D D D

<sup>Y</sup> 2010

To:

м м 1 0 D D 13

Y Y Y Y 2 0 1 0

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1. C	ontributions (other than loans) From: a) Individuals/Persons Other				
	Than Political Committees (i) Itemized (use Schedule A)	10.00	10.00		
	(ii) Unitemized	10.00			
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20.00	413.00		
(b		0.00	0.00		
(c	(such as PACs)	0.00	0.00		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20.00	413.00		
	ransfers From Affiliated/Other arty Committees	0.00	0.00		
3. A	Il Loans Received	0.00	2700.00		
	pan Repayments Received	0.00	0.00		
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00		
to	Federal candidates and Other olitical Committees	0.00	0.00		
	ther Federal Receipts Dividends, Interest, etc.)	0.00	0.00		
	ransfers from Non-Federal and Levin Funds				
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(b	b) Levin Funds (from Schedule H5)	0.00	0.00		
(c	r) Total Transfer (add 18(a) and 18(b)).	0.00	0.00		
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	20.00	3113.00		
	otal Federal Receipts ubtract Line 18(c) from Line 19)	20.00	3113.00		

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	836.34
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	836.34
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure	0.00	2769.49
5.	(use Schedule E) Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
о.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,	2.22	2007.22
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	3605.83
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	3605.83

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 11

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)	20.00	413.00		
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	20.00	413.00		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	836.34		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	836.34		

FE6AN026

A.

# **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 6/11 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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) We The People of Arkansas Full Name (Last, First, Middle Initial) Date of Receipt Mr Joseph C. Gammon Mailing Address 702 Glasgow Lane 10 13 2010 City State Zip Code Transaction ID: SA11AI.4368 **Bentonville** AR 72712 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Cash Name of Employer Wal-Mart Stores, Inc Occupation Manager Receipt For: Aggregate Year-to-Date Primary General 2410.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	10.00
TOTAL This Period (last page this line number only)	<b>•</b>	10.00

### L

Use separate schedule(s)

PAGE 7/11 FOR LINE 13 OF FORM 3X

LOANS		Detailed Su	itegory of the ummary Page	TOTT LINE 13	OI I OI IIVI 3X
NAME OF COMMITTEE (In Full) We The People of Arkansas			Transact	tion ID: SC/10.	1124
LOAN SOURCE Full Name (Last, First, Midd Mr Joseph C. Gammon	dle Initial)			ection: Primary General	+124
Mailing Address 702 Glasgow Lane				Other (specify)	▼
City Bentonville	State AR ZIP Co	de 72712			
Original Amount of Loan	Cumulative Payment To	Date	Balance C	Outstanding at Cl	ose of This Period
900.00		0.00			900.00
TERMS  Date Incurred	Date Due		Interest Rate		Secured:
03 31 YYYY 2010 3	/31/2011		10.00	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loai	n Source				
Full Name (Last, First, Middle Initial)		Name of Emp	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		1 1 1	
SUBTOTALS This Period This Page (optional) .			•		900.00
TOTALS This Period (last page in this line only)			•		
, , , , , , , , , , , , , , , , , , ,	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

### L

Use separate schedule(s)

PAGE 8/11 FOR LINE 13 OF FORM 3X

LOANS		Detailed Sum	gory of the mary Page	TOTT LINE 13	OF TOTAIN SX
NAME OF COMMITTEE (In Full) We The People of Arkansas			Transacti	on ID: SC/10.4	1125
LOAN SOURCE Full Name (Last, First, Middle Mr Joseph C. Gammon	Initial)		Elec	oring: 36/10.2 tion: Primary General	+123
Mailing Address 702 Glasgow Lane				Other (specify)	<b>▼</b>
City Bentonville S	tate AR ZIP Code	72712			
Original Amount of Loan	Cumulative Payment To D	ate	Balance Oı	utstanding at Clo	ose of This Period
1000.00		0.00			1000.00
TERMS  Date Incurred	Date Due		Interest Rate		Secured:
0 4 D D D Y Y Y Y Y A/6/	2011		10.00	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan S	ource				
Full Name (Last, First, Middle Initial)		Name of Employ	er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			0 0
Full Name (Last, First, Middle Initial)		Name of Employ	er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					1000.00
TOTALS This Period (last page in this line only)		_			
` ' '	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each eategery of the

PAGE 9/11 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page				
NAME OF COMMITTEE (In Full)					
We The People of Arkansas	Transaction ID: SC/10.4126				
LOAN SOURCE Full Name (Last, First, Middle Initial) Mr Joseph C. Gammon	Election: Primary General				
Mailing Address 702 Glasgow Lane	Other (specify)				
City Bentonville State AR ZIP Coo	de 72712				
Original Amount of Loan Cumulative Payment To	To Date Balance Outstanding at Close of This Period				
500.00	0.00 500.00				
TERMS  Date Incurred  Date Due	Interest Rate Secured:				
0 4 D D 2 7 2 0 1 0 4/27/2010	10.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed				
	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)	500.00				
TOTALS This Period (last page in this line only)	•				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.				
- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				

### L

Use separate schedule(s)

PAGE 10/11 FOR LINE 13 OF FORM 3X

LOANS		Detailed Summ		TOTT LINE 13	OF TOTAIN 3X
NAME OF COMMITTEE (In Full) We The People of Arkansas			Transactiv	on ID: SC/10.4	1316
LOAN SOURCE Full Name (Last, First, Min Mr. Joseph Conway Gammon	ddle Initial)		Elec		+310
Mailing Address 702 Glasgow Lane				Other (specify)	<b>▼</b>
City Bentonville	State AR ZIP Coo	de 72712			
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	itstanding at Clo	ose of This Period
300.00		0.00			300.00
TERMS  Date Incurred	Date Due		Interest Rate		Secured:
05 08 2010 Y Y Y	5/8/2011		10.00	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Lo	an Source				
Full Name (Last, First, Middle Initial)		Name of Employe	r		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			1 1
Full Name (Last, First, Middle Initial)		Name of Employe	r		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employe	r		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			0 0
Full Name (Last, First, Middle Initial)		Name of Employe	r		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		<b>•</b>			300.00
TOTALS This Period (last page in this line only)	)	<b>&gt;</b>			2700.00
Carry outstanding balance only to LINE 3, Sched	lule D, for this line. If no Sche	edule D, carry forwa	rd to appropria	te line of Summ	ary.

# PAGE 11 / 11 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) We The People of Arkansas A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance from personal funds for website services to be reimbursed. Mr. Joseph Conway Gammon Mailing Address 702 Glasgow Lane ZIP Code City State Bentonville 72712 AR Outstanding Balance Beginning This Period Transaction ID: SD10.4290 286.42 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 286.42

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)

286.42

286.42

2700.00

2986.42