

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 C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(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

M	M
0	4

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	4

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

6940.94

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution 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
Liz Towne		04/29/2010

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

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
Jessica Akers

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

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
 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 4412.75

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 619612
MD 2400 CPII

Amount

25.00

City State Zip Code
DFW Airport TX 76021

Purpose of Expenditure
Baggage fee

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 25.00

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
5018 Tonka Trail

Amount

123.20

City State Zip Code
North Little Rock AR 72118

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 1232.00

Disbursement For: Primary General
2010
 Other (specify) _____

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

324.71

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

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

Image# 10930660511
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
 Working America

Full Name (Last, First, Middle Initial) of Payee Brian Barnett	Date MM / DD / YYYY 04 / 28 / 2010
Mailing Address 100 Dennison St. Apt 3	Amount 123.20
City Little Rock	State AR
Zip Code 72206	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	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	3326.40	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 Ryan Budman	Date MM / DD / YYYY 04 / 28 / 2010
Mailing Address 5701 Cochiti Dr, NW	Amount 25.00
City Albuquerque	State NM
Zip Code 87120	

Purpose of Expenditure Per diem	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	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	4506.71	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 Ryan Budman	Date MM / DD / YYYY 04 / 28 / 2010
Mailing Address 5701 Cochiti Dr, NW	Amount 176.51
City Albuquerque	State NM
Zip Code 87120	

Purpose of Expenditure Salary and benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	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	4683.22	Disbursement For: 2010	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	324.71
(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
Stanley Cash

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1622 Gaines

Amount

123.20

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 2340.80

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
12223 W 2nd Pl. Apt. #11-304

Amount

45.00

City State Zip Code
Lakewood CO 80228

Purpose of Expenditure
Per diem

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 45.00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
P.O. Box 20706

Amount

25.00

City State Zip Code
Atlanta GA 30320

Purpose of Expenditure
Baggage Fee

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 135.00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

193.20

(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
George Doak

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
515 Shirk Lane SW

Amount

45.00

City State Zip Code
Albuquerque NM 87105

Purpose of Expenditure
Per diem

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 45.00

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
0 4 / 2 8 / 2 0 1 0

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: 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 7520.40

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
0 4 / 2 8 / 2 0 1 0

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 7738.58

Disbursement For: 2010 Primary General
 Other (specify) _____

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

288.18

(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
Tahir Duckett

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1325 N. Pierce St, Apt. 501

Amount

45.00

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
Per diem

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 585.00

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
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 360001.

Amount

446.80

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 5182.38

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
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 360001.

Amount

8.00

City State Zip Code
Ft. Lauderdale FL 33336

Purpose of Expenditure
Booking fee

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 5190.38

Disbursement For: 2010 Primary General
 Other (specify) _____

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

499.80

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

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

Image# 10930660515
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 MM / DD / YYYY 04 / 28 / 2010
Mailing Address PO Box 360001.		Amount 424.80
City Ft. Lauderdale	State FL	Zip Code 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	5615.18	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 MM / DD / YYYY 04 / 28 / 2010
Mailing Address PO Box 360001.		Amount 8.00
City Ft. Lauderdale	State FL	Zip Code 33336

Purpose of Expenditure Booking 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	5623.18	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 MM / DD / YYYY 04 / 28 / 2010
Mailing Address PO Box 360001.		Amount 485.50
City Ft. Lauderdale	State FL	Zip Code 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	6108.68	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	918.30
(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
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 360001.

Amount

8.00

City State Zip Code
Ft. Lauderdale FL 33336

Purpose of Expenditure
Booking fee

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 6116.68

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 360001.

Amount

595.80

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 6712.48

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 360001.

Amount

8.00

City State Zip Code
Ft. Lauderdale FL 33336

Purpose of Expenditure
Booking fee

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 6720.48

Disbursement For: Primary General
2010
 Other (specify) _____

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

611.80

(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
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 360001.

Amount

393.80

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 7114.28

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
PO Box 360001.

Amount

8.00

City State Zip Code
Ft. Lauderdale FL 33336

Purpose of Expenditure
Booking fee

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 7122.28

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
5011 South Swanson St.

Amount

45.00

City State Zip Code
Las Vegas NV 89119

Purpose of Expenditure
Per diem

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 45.00

Disbursement For: Primary General
2010
 Other (specify) _____

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

446.80

(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
Hilton Little Rock Metro Center

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
925 S University Ave.

Amount

116.76

City State Zip Code
Little Rock AR 72204

Purpose of Expenditure
Lodging

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 817.32

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
905 Palmer Avenue

Amount

123.20

City State Zip Code
Little Rock AR 72019

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 123.20

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

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 6763.58

Disbursement For: Primary General
2010
 Other (specify) _____

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

458.14

(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
Lameeka Howard

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
400 S. Donaghey #27

Amount

123.20

City State Zip Code
Conway AR 72034

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 369.60

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1912 Green Mountain #382

Amount

123.20

City State Zip Code
Little Rock AR 72212

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 246.40

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

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
 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 5564.26

Disbursement For: 2010 Primary General
 Other (specify) _____

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

271.40

(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
Steve Karbowiak

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
4195 West 22nd St

Amount

176.51

City State Zip Code
Cleveland OH 44109

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 5740.77

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
453 Siebert St.

Amount

45.00

City State Zip Code
Columbus OH 43206

Purpose of Expenditure
Per diem

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 45.00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
2509 West 6th

Amount

123.20

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 1478.40

Disbursement For: 2010 Primary General
 Other (specify) _____

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

344.71

(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
Frederick Manning

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
317 West Indiana St

Amount

123.20

City State Zip Code
Beebe AR 72012

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 2587.20

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
3900 Potter Street

Amount

123.20

City State Zip Code
Little Rock AR 72204

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 123.20

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1805 Marshall Dr

Amount

123.20

City State Zip Code
Little Rock AR 72202

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 2587.20

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)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Working America

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

Tony Orr

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address

28 Bentley Circle

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

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

2956.80

Disbursement For:
2010

Primary

General

Other (specify) _____

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

Craig Parsley

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address

411 6th St.

Amount

45.00

City

Newcastle

State

DE

Zip Code

19720

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

45.00

Disbursement For:
2010

Primary

General

Other (specify) _____

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

Jennifer Polk

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address

2221 N. McKinley

Amount

123.20

City

Little Rock

State

AR

Zip Code

72207

Purpose of Expenditure

Salary and benefits

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

246.40

Disbursement For:
2010

Primary

General

Other (specify) _____

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

291.40

(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
Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

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
 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 5564.26

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1203 Emerson St. Apt 21

Amount

176.51

City State Zip Code
Denver CO 90218

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 5740.77

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
819 SW 14th Ct.

Amount

25.00

City State Zip Code
Ft. Lauderdale FL 33315

Purpose of Expenditure
Per diem

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 515.72

Disbursement For: 2010 Primary General
 Other (specify) _____

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

226.51

(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
Heather Rozzo

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
819 SW 14th Ct.

Amount

185.36

City State Zip Code
Ft. Lauderdale FL 33315

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 701.08

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1814 Cross

Amount

123.20

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 1232.00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
10 Nantucket Circle

Amount

123.20

City State Zip Code
Little Rock AR 72209

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 862.40

Disbursement For: 2010 Primary General
 Other (specify) _____

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

431.76

(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
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

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: 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 6645.00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

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 6847.50

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
302 E. Roosevelt

Amount

123.20

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 2587.20

Disbursement For: 2010 Primary General
 Other (specify) _____

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

350.70

(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
Corey Spangler

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

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: 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 3883.22

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
10110 Douglas Oaks Dr, #3

Amount

25.00

City State Zip Code
Tampa FL 33336

Purpose of Expenditure
Per diem

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 4692.70

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
10110 Douglas Oaks Dr, #3

Amount

185.36

City State Zip Code
Tampa FL 33336

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 4878.06

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

386.87

(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

Moksheda Thapa

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address

3804 W. Capitol Ave

Amount

123.20

City

Little Rock

State

AR

Zip Code

72205

Purpose of Expenditure

Salary and benefits

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

2956.80

Disbursement For:
2010

Primary

General

Other (specify) _____

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

Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address

1 Airport Dr

Amount

49.74

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

Calendar Year-To-Date Per Election
for Office Sought

12427.20

Disbursement For:
2010

Primary

General

Other (specify) _____

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

Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address

1 Airport Dr

Amount

84.37

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

Calendar Year-To-Date Per Election
for Office Sought

12511.57

Disbursement For:
2010

Primary

General

Other (specify) _____

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

257.31

(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
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1 Airport Dr

Amount

113.70

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 12625.27

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1 Airport Dr

Amount

52.76

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 12678.03

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1 Airport Dr

Amount

53.58

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 12731.61

Disbursement For: Primary General
2010
 Other (specify) _____

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

220.04

(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
Janelle Toombs

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
1915 Wolfe

Amount

123.20

City State Zip Code
Little Rock AR 72202

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 123.20

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
25 Barnwood Circle

Amount

123.20

City State Zip Code
Little Rock AR 72209

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 616.00

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Mailing Address
10110 Douglas Oaks Circle, Apt 301

Amount

123.20

City State Zip Code
Tampa FL 33610

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 2464.00

Disbursement For: 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)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Working America

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

Date

/ /

Mailing Address
400 E Sky Harbor Blvd

Amount

City State Zip Code
Phoenix AZ 85034

Purpose of Expenditure
Baggage fee

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

Disbursement For: Primary General
2010
 Other (specify) _____

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

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

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