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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT Example:If typing, type over the lines					
Ш	We The People of Arkansas						
L							
ADI	DRESS (number and street)	702 Glasgow Lane					
	Check if different than previously reported. (ACC)	Bentonville AR 72712					
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY ♠ STATE ♠ ZIPCODE ♠					
	C00479881	3. IS THIS REPORT (N) OR X AMENDED (A)					
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Compared on the compared on the	(c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12S) Election on In the State of State of Special (30S) (d) 30-Day Post - Election X General (30G) Runoff (30R) Special (30S)					
5.	Covering Period 1	14 2010 through 11 22 2010					
Type or Print Name of Treasurer Mr. Joseph Conway Gammon Mr. Joseph Conway Gammon							
Sigi	Signature of Treasurer Electronically Filed by Mr. Joseph Conway Gammon Date 01 09 2011						
NO		neous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.					
FF	Office Use Only	FEC FORM 3X (Rev. 12/2004)					

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/14

Write or Type Committee Name We The People of Arkansas

FEC Form 3X (Rev. 02/2003)

22 1 0 14 2010 11 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 0.00 January 1 (b) Cash on Hand at -392.83 Begining of Reporting Period 100.00 3313.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines -292.83 3313.00 6(a) and 6(c) for Column B) 122.82 3728.65 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period -415.65 -415.65 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 2986.42 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 14

Write or Type Committee Name
We The People of Arkansas

Report Covering the Period:

м м 1 0

From:

D D 14

2010

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м°м 1 1 D D 22

Y Y Y Y 2 0 1 0

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C (a	ontributions (other than loans) From: i) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	100.00	210.00
	(ii) Unitemized	0.00	403.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	100.00	613.00
(b	,	0.00	0.00
(d	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	100.00	613.00
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	2700.00
	pan Repayments Receivedffsets To Operating Expenditures	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	i) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) 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))	100.00	3313.00
	otal Federal Receipts ubtract Line 18(c) from Line 19)	100.00	3313.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	61.41	897.75
Expenditures(c) Total Operating Expenditures	01.41	897.73
(add 21(a)(i), (a)(ii) and (b))	61.41	897.75
Transfers to Affiliated/Other Party	0.00	0.00
Committees		0.00
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
. Independent Expenditure	61.41	2830.90
(use Schedule E)		200.30
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. соан пераушень масе		
. Loans Made	0.00	0.00
Refunds of Contributions To:(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	5.50
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	0.00	0.00
. Other dispulsements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20)		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(") III t-II Ol-	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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 23	2	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	122.82	3728.65
-, -,,,,,,,,, -		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	100.00	0700.05
from Line 31)	122.82	3728.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 14

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)	100.00	613.00	
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	613.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	61.41	897.75	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	61.41	897.75	

FE6AN026

A.

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) We The People of Arkansas			
Full Name (Last, First, Middle Initial) Mr. Joseph Conway Gammon Mailing Address 702 Glasgow Lane			Date of Receipt
Mailing Address 702 Glasgow Lane City	State	Zip Code	1 0 2 2 2 2 0 1 0 Transaction ID: SA11AI.4361
Bentonville FEC ID number of contributing federal political committee.	AR C	72712	Amount of Each Receipt this Period 100.00
Name of Employer Walmart Stores Inc	Occupatio Manager		Cash
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	1

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	•	100.00

A.

В.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 7/14 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) We The People of Arkansas Full Name (Last, First, Middle Initial) Transaction ID: SB21B.4363 Arvest Bank Date of Disbursement 18 1[™]0 2010 Mailing Address PO Box 1229 City State Zip Code Amount of Each Disbursement this Period Bentonville AR 72712 15.93 Purpose of Disbursement Bank Fees 001 Candidate Name Category/ We The People of Arkansas Type Office Sought: Disbursement For: 2010 House X General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.4364 Arvest Bank Date of Disbursement [™]0 2 9 2010 Mailing Address PO Box 1229 City State Zip Code Amount of Each Disbursement this Period Bentonville 72712 AR 8.48 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ We The People of Arkansas Type Office Sought: 2010 House Disbursement For: Senate Primary X General President

SUBTOTAL of Disbursements This Page (optional)	>	24.41
TOTAL This Period (last page this line number only)	•	24.41

Other (specify)

State:

L

Use separate schedule(s)

PAGE 8 / 14 FOR LINE 13 OF FORM 3X

LOANS		Detailed Su	itegory of the ummary Page	TORLINE 13	OI I OI IIVI 3X
NAME OF COMMITTEE (In Full) We The People of Arkansas			Transact	tion ID: SC/10.4	4124
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:			
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 9/14

LOANS	for each category Detailed Summa	of the ry Page	OR LINE 13 OF FORM 3X			
NAME OF COMMITTEE (In Full)						
We The People of Arkansas						
Transaction ID: SC/10.4125						
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election				
Mr Joseph C. Gammon		I	mary			
Mailing Adduses			neral			
Mailing Address 702 Glasgow Lane			ner (specify)			
City Bentonville State AR ZIP Cod	le 72712					
Original Amount of Loan Cumulative Payment To		Balance Outsta	anding at Close of This Period			
		Balarioc Galsti				
1000.00	0.00		1000.00			
TERMS						
Date Incurred Date Due	In	terest Rate	Secured:			
0 4 0 6 2 0 1 0 4/6/2011		10.00				
0 4 0 6 2 0 1 0 4/6/2011		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					
	Amount	0 0				
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Tuii Name (Last, First, Middle milia)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
E HALL (I I E I ANTHULE)						
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
Maining / tadioco	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
	Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
AA-T Address						
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
only only	Outstanding:					
	_		1000.00			
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)	•					
Carry outstanding halance only to LINE 2. Schodulo D. for this line. If no Scho	dule D. carry forward	to annronriato l	ine of Summary			
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 10 / 14 FOR LINE 13 OF FORM 3X

LOANS			ategory of the ummary Page	TOTT LINE 13	OI I OI IIVI 3X
NAME OF COMMITTEE (In Full) We The People of Arkansas			Tropos	tion ID: SC/10	4126
LOAN SOURCE Full Name (Last, First, Mic Mr Joseph C. Gammon	ldle Initial)			tion ID: SC/10.4 ection: Primary General	4120
Mailing Address 702 Glasgow Lane				Other (specify)	▼
City Bentonville	State AR ZIP Co	de 72712			
Original Amount of Loan	Cumulative Payment To	Date	Balance (Outstanding at Cl	ose of This Period
500.00		0.00			500.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
0 4 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	4/27/2010		10.00	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loa	ın 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	oloyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
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)			•	0 0 0	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 Schedule D, carry forward to appropriate line of Summary.					

L

Use separate schedule(s)

PAGE 11 / 14 FOR LINE 13 OF FORM 3X

LOANS		Detailed Summ		TOTT LINE 13	OI I OI IIVI SX
NAME OF COMMITTEE (In Full) We The People of Arkansas			Transactic	on ID: SC/10.4	216
LOAN SOURCE Full Name (Last, First, Mi Mr. Joseph Conway Gammon	ddle Initial)		Elect		510
Mailing Address 702 Glasgow Lane				Other (specify)	▼
City Bentonville	State AR ZIP Coo	le 72712			
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	tstanding at Clo	se of This Period
300.00		0.00			300.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
05 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y 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 Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			0 0
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:			0 0
SUBTOTALS This Period This Page (optional)		>			300.00
TOTALS This Period (last page in this line only					2700.00
Carry outstanding balance only to LINE 3, Scheo	dule D, for this line. If no Sche	dule D, carry forwar	d to appropria	te line of Summ	ary.

PAGE 12 / 14

DEBTS AND OBLIGATIONS Excluding Loans	schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10	
NAME OF COMMITTEE (In Full) We The People of Arkansas			
A. Full Name (Last, First, Middle Initial) of D Mr. Joseph Conway Gammon	ebtor or Creditor	Nature of D Advance ds for we	Debt (Purpose): from personal fun- bsite services abursed.
Mailing Address 702 Glasgow Lane		to be rem	iburgod.
City State Bentonville AR	ZIP Code 72712		
Outstanding Balance Beginning This Period	od	Tra	insaction ID: SD10.4290
286.42			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	00	286.42
1) SUBTOTALS This Period This Page (option	nal)	>	286.42
2) TOTALS This Period (last page this line num	nber only)	>	286.42
3) TOTAL OUTSTANDING LOANS from Sc	chedule C (last page only)	>	2700.00
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page o	nly) ►	2986.42

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEFENDENT EXPENDITION	LO		PAGE 13 / 14
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
We The People of Arkansas		FEC IDENTIFICATION NUMBER	
THE FEED OF A MAINSAN			C C00479881
Check if 24-hour notice 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
Arvest Bank		м м / 1.0	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			70 2010
PO Box 1229		Amount	
			37.00
City State	Zip Code		n ID: SE.4373
Bentonville AR	72712	Office Sought	
Purpose of Expenditure	Catagory]	X Senate District:
Bank Charge	Category/ Type 001		Presidential
	•	Check One:	Support X Oppose
Name of Federal Candidate supported or Opposed by expend BLANCHE L LINCOLN	diture:	Check One.	Support X Oppose
BLANCHE L'EINCOLIN		Disbursement	t For: Primary X General
Oderde Vers T. D. : D. El . II		Othe	er (specify) :
Calendar Year-To-Date Per Election	50.93	2010	· · · · · · · · · · · · · · · · · · ·
for Office Sought			
Full Name (Last, First, Middle, Initial) of Payee		Date	
Arvest Bank		M M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		1,0	18 2010
Mailing Address PO Box 1229		Amount	
PO B0x 1229			15.93
C'h.	7in Onda	Transaction	n ID: SE.4374
City State Bentonville AR	Zip Code 72712	Office Sought	: House State: AR
Purpose of Expenditure	72712		X Senate District:
Bank Charge	Category/ 001		Presidential
	Туре	01	
Name of Federal Candidate supported or Opposed by expend	diture:	Check One:	Support X Oppose
BLANCHE L LINCOLN		Disbursement	t For: Primary X General
			er (specify) :
Calendar Year-To-Date Per Election	66.86	2010	(Specify) :
for Office Sought			
_			
(a) SUBTOTAL of Itemized Independent Expenditures			52.93
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of periury I certify that the independent expenditures re	partad harain ware not made in	accoration cor	poultation or concert with
or at the request or suggestion of, any candidate or authorized commi			
committee) any political party committee or its agent.	•		
	M M	DD	YYYY
Mr. Joseph Conway Gammon	Date 0 1		2011
Signature	_		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
We The People of Arkansas				C C00479881
Check if 24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial)	of Payee		Date	
Arvest Bank			1 0 /	31 / Y Y Y Y Y Y Y
Mailing Address		Amount		
PO Box 1229				8.48
City	State	Zip Code	Transactio	on ID: SE.4375
Bentonville	AR	72712	Office Sough	nt: House State: AR
Purpose of Expenditure Bank Charge		Category/ Type 001		X Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	Support X Oppose
BLANCHE L LINCOLN			Disbursemer	nt For: Primary X General
Calendar Year-To-Date Per Elect for Office Sought	ion	75.34	Oth 2010	er (specify) :
			-	

(a) SUBTOTAL of Itemized Independent Expenditures	8.48				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	61.41				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. Joseph Conway Gammon Signature	Date 01 09 2011				