

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 We The People of Arkansas

ADDRESS (number and street) 702 Glasgow Lane Bentonville AR 72712

2. FEC IDENTIFICATION NUMBER C00479881 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Joseph C. Gammon

Signature of Treasurer Electronically Filed by Mr Joseph C. Gammon Date 09 07 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.

Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
We The People of Arkansas

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	-400.64									
(c) Total Receipts (from Line 19)	0.00	3093.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	-400.64	3093.00								
7. Total Disbursements (from Line 31)	66.81	3560.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-467.45	-467.45								
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									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
We The People of Arkansas

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	393.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	393.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	393.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	2700.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) 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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	3093.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	3093.00

DETAILED SUMMARY PAGE

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	61.13	790.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	61.13	790.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	5.68	2769.49
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(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
29. Other Disbursements.....	0.00	0.00
30. 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, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66.81	3560.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66.81	3560.45

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	393.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	393.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61.13	790.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	61.13	790.96

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

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

FOR LINE NUMBER:
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
We The People of Arkansas

A. Full Name (Last, First, Middle Initial) Arvest Bank <hr/> Mailing Address PO Box 1229 <hr/> City Bentonville State AR Zip Code 72712 <hr/> Purpose of Disbursement Bank Charge Candidate Name We The People of Arkansas <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4348 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 15.93
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Arvest Bank <hr/> Mailing Address PO Box 1229 <hr/> City Bentonville State AR Zip Code 72712 <hr/> Purpose of Disbursement Credit Card Processing Candidate Name We The People of Arkansas <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4349 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 37.00
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Arvest Bank <hr/> Mailing Address PO Box 1229 <hr/> City Bentonville State AR Zip Code 72712 <hr/> Purpose of Disbursement Bank Charge Candidate Name We The People of Arkansas <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4350 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 8.20
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	61.13
TOTAL This Period (last page this line number only) ▶	61.13

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
We The People of Arkansas

Transaction ID: SC/10.4124

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr Joseph C. Gammon	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 702 Glasgow Lane	
City Bentonville State AR ZIP Code 72712	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
900.00	0.00	900.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2010	3/31/2011	10.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="900.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
We The People of Arkansas

Transaction ID: SC/10.4125

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr Joseph C. Gammon	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 702 Glasgow Lane	
City Bentonville State AR ZIP Code 72712	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 6 Y Y Y Y 2 0 1 0	4/6/2011	10.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 702 Glasgow Lane	
City Bentonville State AR ZIP Code 72712	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 7 Y Y Y Y 2 0 1 0	4/27/2010	10.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
We The People of Arkansas

Transaction ID: SC/10.4316

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Joseph Conway Gammon	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 702 Glasgow Lane	
City Bentonville State AR ZIP Code 72712	

Original Amount of Loan 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
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TERMS

Date Incurred MM DD YY 05 08 2010	Date Due 5/8/2011	Interest Rate 10.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="300.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="2700.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
We The People of Arkansas

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Joseph Conway Gammon

Nature of Debt (Purpose):
Advance from personal funds for website services to be reimbursed.

Mailing Address 702 Glasgow Lane

City	State	ZIP Code
Bentonville	AR	72712

Outstanding Balance Beginning This Period

286.42

Transaction ID: SD10.4290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

286.42

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

286.42

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

286.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

2700.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2986.42

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) We The People of Arkansas		FEC IDENTIFICATION NUMBER C C00479881	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee GoDaddy.com		Date M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0	
Mailing Address 14455 N Hayden Rd Suite 219		Amount 5.68	
City State Zip Code Scottsdale AZ 85260		Transaction ID: SE.4346	
Purpose of Expenditure Website Services		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BLANCHE L LINCOLN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
		13.93	

(a) SUBTOTAL of Itemized Independent Expenditures	5.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5.68

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 M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0