

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Arkansans For Change

(b) Address (number and street) ☐ check if different than previously reported

3 Brixham Lane

(c) City, State and ZIP Code

Bella Vista

AR

72714

### 2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

through

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 0

### 5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Who

0 4 / 2 7 / 2 0 1 0

### 6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Walter Hinojosa

(b) Address (number and street)

3 Brixham Lane

(c) City, State and ZIP Code

Bella Vista

AR

72714

(d) Name of Employer or Principal Place of Business

Arkansans for Change

(e) Occupation

Treasurer

### 9. Total Donations This Statement

150000.00

### 10. Total Disbursements/Obligations This Statement

199039.61

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Walter Hinojosa

SIGNATURE Electronically Filed by Walter Hinojosa

DATE 04/27/2010

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

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**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	<b>(a) Name</b>	<b>Transaction ID : F91.000001</b>	
	Walter Hinojosa		
	<b>(b) Address (number and street)</b>		
	3 Brixham Lane		
	<b>(c) City, State and Zip Code</b>		
	Bella Vista	AR	72714
	<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>	
	Arkansans for Change	Treasurer	

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**SCHEDULE 9-A**  
**Donation(s) Received**

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**A. Full Name of Donor**

American Rights at Work

**Mailing Address of Donor**

1100 17th Street, NW

Suite 950

**City**

**State**

**Zip**

Washington

DC

20036

**Date of Receipt**

M M / D D / Y Y Y Y  
04 / 23 / 2010

**Amount**

150000.00

**Transaction ID :** F92.000001

**SUBTOTAL** of Donations This Page (optional).....

**150000.00**

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

**150000.00**

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**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

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<b>A. Full Name (Last, First, Middle Initial) of Payee</b> LUC Media					<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 04 / 26 / 2010				
<b>Mailing Address of Payee</b> 25 Whitlock Place Suite 201					<b>Amount</b> 195000.00				
<b>City</b> Marietta	<b>State</b> GA	<b>Zip Code</b> 30064			<b>Communication Date</b> M M / D D / Y Y Y Y 04 / 27 / 2010				
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A			<b>Transaction ID :</b> F93.000001				
<b>Purpose of Disbursement (including title(s) of communication(s))</b> TV Media Buy - Who									
<b>Name of Federal Candidate</b> Blanche Lincoln		<b>Office Sought:</b> X House Senate President		<b>State:</b> AR	<b>Disbursement/Obligation For:</b> 2010 X Primary General Other (specify) _____				
<b>F94.000002</b>		<b>Name of Federal Candidate</b>		<b>Office Sought:</b>	<b>House Senate President</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____		
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>	<b>House Senate President</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____				
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> See Change Media					<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 04 / 26 / 2010				
<b>Mailing Address of Payee</b> 6310 San Vicente Boulevard Suite 250					<b>Amount</b> 4039.61				
<b>City</b> Los Angeles	<b>State</b> CA	<b>Zip Code</b> 90048			<b>Communication Date</b> M M / D D / Y Y Y Y 04 / 27 / 2010				
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A			<b>Transaction ID :</b> F93.000002				
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Production Expense - Who									
<b>Name of Federal Candidate</b> Blanche Lincoln		<b>Office Sought:</b> X House Senate President		<b>State:</b> AR	<b>Disbursement/Obligation For:</b> 2010 X Primary General Other (specify) _____				
<b>F94.000004</b>		<b>Name of Federal Candidate</b>		<b>Office Sought:</b>	<b>House Senate President</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____		
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>	<b>House Senate President</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____				
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....					199039.61				
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)					199039.61				

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

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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 PREPARER	<i>4/28/10</i> DATE PREPARED
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