

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 C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., NW		
(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 ^M03 / ^D24 / ^Y2010
 THROUGH ^M03 / ^D25 / ^Y2010

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 11187.11

Under penalty of perjury I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation 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
Elizabeth Towne		03/26/2010

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

10030273849

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Gaelynn Dooley

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

95 W. 1st Ave Apt. 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

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

.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
03 / 25 / 2010

Mailing Address

95 W 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

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

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Willie Holmes

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

2220 S State St Apt 3

Amount

218.18

City

Little Rock

State

AR

Zip Code

72206

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

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

654.54

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

10030273850

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Willie Holmes

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address

2220 S State St Apt 3

Amount

218.18

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.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
03 / 24 / 2010

Mailing Address

440 Rocky Springs Drive

Amount

202.50

City

Blacklick

State

OH

Zip Code

43004

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.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
03 / 25 / 2010

Mailing Address

440 Rocky Springs Drive

Amount

202.50

City

Blacklick

State

OH

Zip Code

43004

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

623.18

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL independent Expenditures

(carry total from last page forward to Line 7)

10030273851

**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 0 3 / D 2 4 / Y Y Y Y
2 0 1 0

Mailing Address

2221 Wentwood Valley Dr #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

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

Disbursement For:

2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

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

Jessica Akers

Date

M 0 3 / D 2 5 / Y Y Y Y
2 0 1 0

Mailing Address

2221 Wentwood Valley Dr #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

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

Disbursement For:

2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

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

Corey Spangler

Date

M 0 3 / D 2 4 / Y Y Y Y
2 0 1 0

Mailing Address

2 Helen St Apt 4

Amount

176.51

City

Ward

State

AR

Zip Code

72176

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

Disbursement For:

2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

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

529.53

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

(c) **TOTAL** Independent Expenditures

(carry total from last page forward to Line 7)

10030273852

**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
03 / 25 / 2010

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 .00

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
16 Buttermilk Road

Amount

176.51

City State Zip Code
Little Rock AR 72227

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 .00

Disbursement For: Primary General
2010
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
16 Buttermilk Rd

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 .00

Disbursement For: Primary General
2010
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

529.53

(b) SUBTOTAL of Unitemized Independent Expenditures

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

10030273853

**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 03 / 24 / 2010
Mailing Address 4195 West 22nd St		Amount 176.51
City Cleveland	State OH	
Zip Code 44109		
Purpose of Expenditure Salary and benefits	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 .00		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 Steve karbowiak		Date M M / D D / Y Y Y Y 03 / 25 / 2010
Mailing Address 4195 West 22nd St		Amount 176.51
City Cleveland	State OH	
Zip Code 44109		
Purpose of Expenditure Salary and benefits	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 .00		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 Mary Richards		Date M M / D D / Y Y Y Y 03 / 24 / 2010
Mailing Address 1203 Emerson St Apt 21		Amount 176.51
City Denver	State CO	
Zip Code 90218		
Purpose of Expenditure Salary and benefits	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 .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	529.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273854

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

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
03 / 25 / 2010

Mailing Address

1203 Emerson St Apt 21

Amount

176.51

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Lenora Cannon

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

10415 Independence Ln

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Lenora Cannon

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address

10415 Independence Ln

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

422.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

10030273855

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Ben Matthews			Date M M / D D / Y Y Y Y 03 / 24 / 2010		
Mailing Address 9 Chad Ct			Amount		
City North Little Rock	State AR	Zip Code 72118	123.20		
Purpose of Expenditure Salary and benefits		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 .00			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 Ben Matthews			Date M M / D D / Y Y Y Y 03 / 25 / 2010		
Mailing Address 9 Chad Ct			Amount		
City North Little Rock	State AR	Zip Code 72118	123.20		
Purpose of Expenditure Salary and benefits		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 .00			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 Vanessa Watson			Date M M / D D / Y Y Y Y 03 / 24 / 2010		
Mailing Address 10304 Woodridge Dr			Amount		
City Little Rock	State AR	Zip Code 72210	123.20		
Purpose of Expenditure Salary and benefits		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 .00			Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	

10030273856

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
10304 Woodridge Dr

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
100 Dennison St Apt 3

Amount

123.20

City State Zip Code
Little Rock AR 72210

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
100 Dennison St Apt 3

Amount

123.20

City State Zip Code
Little Rock AR 72210

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 .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)

10030273857

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Brian Barnett

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

3 Hamby Lane

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

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

Disbursement For:

2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

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

Brian Barnett

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address

3 Hamby Ln

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

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

Disbursement For:

2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

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

Blake Wilson

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

5307 C St

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

Disbursement For:

2010

Primary

General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

.00

(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)

10030273858

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

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

Mailing Address
1107 W 49th St

City State Zip Code
North Little Rock AR 72118

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Amount
123.20

Purpose of Expenditure
Salary and benefits

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Mailing Address
1717 Hatcher Rd Lot 38

City State Zip Code
Sherwood AR 72120

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Amount
123.20

Purpose of Expenditure
Salary and benefits

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Mailing Address
3470 E Kiehl St Apt 7004

City State Zip Code
Sherwood AR 72120

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Amount
123.20

Purpose of Expenditure
Salary and benefits

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

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)

10030273859

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
4608 Princeton Dr

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date
M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
4608 Princeton Dr

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
1502 Green Mountain Dr Apt 194

Amount
123.20

City State Zip Code
Little Rock AR 72211

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 .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)

10030273860

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
1502 green Mountain Dr Apt 194

Amount

123.20

City State Zip Code
Little Rock AR 72211

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

Disbursement For: 2010 Primary General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought .00

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

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
72 Haley Circle

Amount

123.20

City State Zip Code
Conway AR 72032

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

Disbursement For: 2010 Primary General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought .00

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

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
227 Harrison

Amount

123.20

City State Zip Code
Carisle AR 72202-4

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

Disbursement For: 2010 Primary General

Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought .00

(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)

10030273861

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
227 Harrison

Amount

123.20

City State Zip Code
Carisle AR 72202-4

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 .00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
7201 Kentucky Ave #27

Amount

123.20

City State Zip Code
Little Rock AR 72205

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 .00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
7201 Kentucky Ave #27

Amount

123.20

City State Zip Code
Little Rock AR 72205

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 .00

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)

10030273862

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Theresa marshall

Date

03 / 24 / 2010

Mailing Address

1408 Hendrix

Amount

123.20

City

Littel Rock

State

AR

Zip Code

72204

Purpose of Expenditure

salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Henry Miller

Date

03 / 24 / 2010

Mailing Address

1000 E 9th St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72202

Purpose of Expenditure

salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Henry Miller

Date

03 / 25 / 2010

Mailing Address

1000 E 9th St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72202

Purpose of Expenditure

salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

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)

10030273863

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

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

Mailing Address
4416 E 37th

City State Zip Code
Little Rock AR 72118

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Amount
123.20

Purpose of Expenditure
salary and benefits

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

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

Mailing Address
4416 E 37th

City State Zip Code
Little Rock AR 72206

Date
M M / D D / Y Y Y Y
03 / 25 / 2010

Amount
123.20

Purpose of Expenditure
salary and benefits

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

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

Mailing Address
722 W 47th St

City State Zip Code
North Little Rock AR 72118

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Amount
123.20

Purpose of Expenditure
salary and benefits

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 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)

369.60

10030273864

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Adrina Jennings

Date

03 / 25 / 2010

Mailing Address

722 W 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72118

Purpose of Expenditure

salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Ryan Revis

Date

03 / 24 / 2010

Mailing Address

1606 S Commerce St

Amount

123.20

City

Littel Rock

State

AR

Zip Code

72118

Purpose of Expenditure

salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Ryan Revis

Date

03 / 25 / 2010

Mailing Address

1606 S Commerce St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

salary and benefits

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

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)

10030273865

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

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

Mailing Address
5121 Old Congo Road

City State Zip Code
benton AR 72019

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Amount
123.20

Purpose of Expenditure
salary and benefits

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District:
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify)

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

Mailing Address
201 South Shackelford Rd

City State Zip Code
Little Rock AR 72211

Date
M M / D D / Y Y Y Y
03 / 22 / 2010

Amount
66.90

Purpose of Expenditure
Lodging

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District:
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify)

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

Mailing Address
201 South Shackelford Rd

City State Zip Code
Little Rock AR 72211

Date
M M / D D / Y Y Y Y
03 / 23 / 2010

Amount
66.90

Purpose of Expenditure
lodging

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House State: AR
 Senate District:
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	257.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273866

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Crown Plaza	Date M M / D D / Y Y Y Y 03 / 24 / 2010
Mailing Address 201 South Shackelford Rd	Amount 66.90
City Little Rock	State AR
Zip Code 72211	

Purpose of Expenditure lodging	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Crown Plaza	Date M M / D D / Y Y Y Y 03 / 25 / 2010
Mailing Address 201 South Shackelford Rd	Amount 66.90
City Little Rock	State AR
Zip Code 72211	

Purpose of Expenditure lodging	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Crown Plaza	Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address 201 S Shackelford Rd	Amount 66.90
City Little Rock	State AR
Zip Code 72211	

Purpose of Expenditure Lodging	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	200.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273867

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Crown Plaza	Date M 03 / D 22 / Y 2010
Mailing Address 201 S Shackelford Rd	Amount 66.90
City Little Rock State AR Zip Code 72211	

Purpose of Expenditure Lodging	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	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 Crown Plaza	Date M 03 / D 23 / Y 2010
Mailing Address 201 S Shackelford Rd	Amount 66.90
City Little Rock State AR Zip Code 72211	

Purpose of Expenditure lodging	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	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 Crown Plaza	Date M 03 / D 24 / Y 2010
Mailing Address 201 S Shackelford Rd	Amount 66.90
City Little Rock State AR Zip Code 72211	

Purpose of Expenditure lodging	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	200.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273868

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
201 S Shackelford Rd

Amount

66.90

City State Zip Code
Little Rock AR 72211

Purpose of Expenditure
Lodging

Category/
Type

Office Sought:

House State: AR

Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
500 Staples Dr

Amount

182.74

City State Zip Code
Framingham MA 01702

Purpose of Expenditure
supplies

Category/
Type

Office Sought:

House State: AR

Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 25 / 2010

Mailing Address
2600 Cantrell Rd

Amount

80.47

City State Zip Code
little Rock AR 72202

Purpose of Expenditure
SUPPLIES

Category/
Type

Office Sought:

House State: AR

Senate Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 330.11

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

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

10030273869

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Democrat gain

Date

M 0 3 / D 2 5 / Y 2 0 1 0

Mailing Address
PO Box 15007

Amount

83.33

City State Zip Code
Washington DC 20003

Purpose of Expenditure
advertising

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Extended Stay

Date

M 0 3 / D 2 5 / Y 2 0 1 0

Mailing Address
Harden

Amount

429.22

City State Zip Code
Little Rock AR 72203

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Thirfty Rental

Date

M 0 3 / D 1 5 / Y 2 0 1 0

Mailing Address
1 Airport Rd

Amount

96.21

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
van exp

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 .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 608.76

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

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

10030273870

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Thirfty Rental	Date M M / D D / Y Y Y Y 03 / 16 / 2010
Mailing Address 1 Airport Rd	Amount 96.21
City Little Rock	State AR
Zip Code 72206	

Purpose of Expenditure van exp	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 .00		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 Thirfty Rental	Date M M / D D / Y Y Y Y 03 / 17 / 2010
Mailing Address 1 Airport Rd	Amount 96.21
City Little Rock	State AR
Zip Code 72206	

Purpose of Expenditure van exp	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 .00		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 Thirfty Rental	Date M M / D D / Y Y Y Y 03 / 18 / 2010
Mailing Address 1 Airport Rd	Amount 96.21
City Little Rock	State AR
Zip Code 72206	

Purpose of Expenditure van exp	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	288.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273871

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Thirty Rental		Date M M / D D / Y Y Y Y 03 / 19 / 2010
Mailing Address 1 Airport Rd		Amount 96.21
City Little Rock	State AR	
Zip Code 72206		
Purpose of Expenditure van exp	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Thirty Rental		Date M M / D D / Y Y Y Y 03 / 20 / 2010
Mailing Address 1 Airport Rd		Amount 96.21
City Little Rock	State AR	
Zip Code 72206		
Purpose of Expenditure van exp	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Thirty Rental		Date M M / D D / Y Y Y Y 03 / 21 / 2010
Mailing Address 1 Airport Rd		Amount 96.21
City Little Rock	State AR	
Zip Code 72206		
Purpose of Expenditure van exp	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	288.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273872

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Thirty rental	Date M M / D D / Y Y Y Y 03 / 22 / 2010
Mailing Address 1 Airport Rd	Amount 96.21
City State Zip Code Little Rock AR 72206	

Purpose of Expenditure van exp	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 .00		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 Thirty rental	Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 1 Airport Rd	Amount 96.21
City State Zip Code Little Rock AR 72206	

Purpose of Expenditure van exp	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 .00		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 Thirty Rental	Date M M / D D / Y Y Y Y 03 / 24 / 2010
Mailing Address 1 Airport Rd	Amount 96.21
City State Zip Code Little Rock AR 72206	

Purpose of Expenditure van exp	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 .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	288.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273873

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Thirfty rental	Date M M / D D / Y Y Y Y 03 / 24 / 2010
Mailing Address 1 Airport Rd	Amount 96.21
City Little rock	State AR
Zip Code 77206	

Purpose of Expenditure van exp	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 .00	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 Thirfty rental	Date M M / D D / Y Y Y Y 03 / 15 / 2010
Mailing Address 1 Airport Rd	Amount 70.02
City Little Rock	State AR
Zip Code 72206	

Purpose of Expenditure van exp	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 .00	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 Thirfty rental	Date M M / D D / Y Y Y Y 03 / 16 / 2010
Mailing Address 1 Airport Rd	Amount 70.02
City Little Rock	State AR
Zip Code 72206	

Purpose of Expenditure van exp	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 .00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
---	---

(a) SUBTOTAL of Itemized Independent Expenditures	236.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

10030273874

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Thirfty Rental

Date

M M / D D / Y Y Y Y
03 / 17 / 2010

Mailing Address

1 Airport Rd

Amount

70.02

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

van exp

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Thirfty rental

Date

M M / D D / Y Y Y Y
03 / 18 / 2010

Mailing Address

1 Airport Rd

Amount

70.02

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

van exp

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Thirfty Rental

Date

M M / D D / Y Y Y Y
03 / 19 / 2010

Mailing Address

1 Airport Rd

Amount

70.02

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

van exp

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

210.06

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

10030273875

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Date

M M / D D / Y Y Y Y
03 / 20 / 2010

Mailing Address
1 Airport Rd

Amount

70.02

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
van exp

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 21 / 2010

Mailing Address
1 Airport Rd

Amount

70.02

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
van exp

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 22 / 2010

Mailing Address
1 Airport Rd

Amount

70.02

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
van exp

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 .00

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 210.06

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

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

10030273876

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Thirfty rental		Date M M / D D / Y Y Y Y 03 / 23 / 2010
Mailing Address 1 Airport Rd		Amount 70.02
City Little Rock	State AR	
Zip Code 72206		
Purpose of Expenditure van exp	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 .00		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 Thirfty Rental		Date M M / D D / Y Y Y Y 03 / 24 / 2010
Mailing Address 1 Airport Rd		Amount 70.02
City Little Rock	State AR	
Zip Code 72206		
Purpose of Expenditure van exp	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 .00		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 Thirfty rental		Date M M / D D / Y Y Y Y 03 / 25 / 2010
Mailing Address 1 Airport Rd		Amount 70.02
City Little Rock	State AR	
Zip Code 72206		
Purpose of Expenditure van exp	Category/ Type	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 .00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 210.06

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

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

10030273877

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
9433 Falling Court

Amount
45.00

City State Zip Code
laurel MD 20723

Purpose of Expenditure
per diem

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

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 District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
3126 Oakland Ave S

Amount
45.00

City State Zip Code
Minneapolis MN 55407

Purpose of Expenditure
per diem

Category/
Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 135.00

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

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

10030273878

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

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 Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .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
03 / 24 / 2010

Mailing Address
440 Rocky Spring Dr

Amount

25.00

City State Zip Code
Blacklick OH 43004

Purpose of Expenditure
per diem

Category/
Type

Office Sought: House State: AR

Senate Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

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

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

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 Senate District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010 Primary General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 75.00

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

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

10030273879

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

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 District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
5701 Cochiti Dr NW

Amount
45.00

City State Zip Code
Albuquerque NM 87120

Purpose of Expenditure per diem Category/Type

Office Sought: House State: AR
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

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 District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought .00

Disbursement For: 2010 Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 115.00

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

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

10030273880

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Date

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
03 / 24 / 2010

Mailing Address
9433 falling Court

Amount

45.00

City State Zip Code
Laurel MD 20723

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
03 / 24 / 2010

Mailing Address
3126 Oakland Ave S

Amount

45.00

City State Zip Code
Minneapolis MN 55407

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 .00

Disbursement For: Primary General
 Other (specify) _____

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

Date

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
03 / 24 / 2010

Mailing Address
4195 W 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 .00

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 115.00

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

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

10030273881

**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 03 / 24 / 2010
Mailing Address 440 Rocky Springs Dr		Amount 25.00
City Blacklick	State OH	
Purpose of Expenditure per diem	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee mary Richards		Date M M / D D / Y Y Y Y 03 / 24 / 2010
Mailing Address 1203 Emerson St Apt 21		Amount 25.00
City denver	State CO	
Purpose of Expenditure per diem	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gaelynn Dooley		Date M M / D D / Y Y Y Y 03 / 24 / 2010
Mailing Address 95 W 1st Ave Apt 1		Amount 25.00
City Columbus	State OH	
Purpose of Expenditure per diem	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 .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 75.00

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

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

10030273882

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Working America

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

Ryan Budman

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

5701 Cochiti Dr NW

Amount

45.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

per diem

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Yellow CAB

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

7510 Jamison RD

Amount

18.75

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

travel exp

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

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

Engenia US Airways

Date

M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address

400 E Sky Harbor Blvd

Amount

274.80

City

Phoenix

State

AZ

Zip Code

85034

Purpose of Expenditure

travel exp

Category/
Type

Office Sought:

House

State: AR

Senate

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

2010

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

338.55

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

10030273883

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

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

Date
M M / D D / Y Y Y Y
03 / 24 / 2010

Mailing Address
7510 Jamison Rd

Amount
18.75

City State Zip Code
Little Rock AR 72209

Purpose of Expenditure
travel exp

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 .00

Disbursement For: 2010 Primary General
 Other (specify) _____

10030273884

(a) SUBTOTAL of Itemized Independent Expenditures	18.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	11187.11
(carry total from last page forward to Line 7)	

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Webform # 407* Date of Receipt or Postmarked
3/27/10

EP *3/29/10*
 PREPARER DATE PREPARED

10030273885