

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

ARKANSAS FOR CHANGE(b) Address (number and street) ☐ check if different than previously reported3 BRINHAM LANE

(c) City, State and ZIP Code

BELLA VISTA, AR 72714

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A**2. FEC Identification Number**C30001549**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**05'06'2010

through

05'07'2010**5. (a) Date of Public Distribution(s)**05'07'2010

(b) Communication Title

a) THANK YOU b) NO EVIDENCE**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. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements 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 BRINHAM LANE

(c) City, State and ZIP Code

BELLA VISTA, AR 72714

(d) Name of Employer or Principal Place of Business

ARKANSAS FOR CHANGE

(e) Occupation

TREASURER**9. Total Donations This Statement**550,000.00**10. Total Disbursements/Obligations This Statement**454,784.71

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

Walter Hinojosa

DATE

05/07/2010

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

FEC FORM 9 (REV. 12/2007)

10030323899

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name <i>WALTER HINOWASA</i>	
(b) Address (number and street) <i>3. BRIGHAM LANE</i>	
(c) City, State and ZIP Code <i>BELLA VISTA, AR 72714</i>	
(d) Name of Employer or Principal Place of Business <i>ARKANSAS FOR CHANGE</i>	(e) Occupation <i>TREASURER</i>
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A

PAGE / OF /

Donation(s) Received

A. Full Name of Donor <u>AMERICAN RIGHTS AT WORK</u>		Date of Receipt <u>05'03'2010</u>
Mailing Address of Donor <u>1100 17TH STREET, NW SUITE 950</u>		Amount <u>250 000 00</u>
City <u>WASHINGTON</u>	State <u>DC</u>	Zip <u>20036</u>
B. Full Name of Donor <u>MOVE ON. ORG</u>		Date of Receipt <u>05'04'2010</u>
Mailing Address of Donor <u>336 BON AIR CENTER #354</u>		Amount <u>300 000 00</u>
City <u>GREENBRAE</u>	State <u>CA</u>	Zip <u>94904</u>
C. Full Name of Donor		Date of Receipt
Mailing Address of Donor		Amount
City	State	Zip
D. Full Name of Donor		Date of Receipt
Mailing Address of Donor		Amount
City	State	Zip
E. Full Name of Donor		Date of Receipt
Mailing Address of Donor		Amount
City	State	Zip
SUBTOTAL of Donations This Page (optional)		<u>550 000 00</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)		<u>550 000 00</u>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 2

A. Full Name (Last, First, Middle Initial) of Payee <u>LUC MEDIA</u>		Date of Disbursement or Obligation <u>03' 06' 2010</u>	
Mailing Address of Payee <u>25 WHITLOCK PLACE SUITE 201</u>		Amount <u>150,548.84</u>	
City <u>MARIETTA</u>	State <u>GA</u>	Zip Code <u>30064</u>	Communication Date <u>03' 07' 2010</u>
Name of Employer <u>N/A</u>	Occupation <u>N/A</u>		
Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO MEDIA BUY - "THANK YOU"</u>			
Name of Federal Candidate <u>BILL HARTER</u>	Office Sought: ☒ House ☐ Senate ☐ President	State: <u>AR</u> District: _____	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee <u>LUC MEDIA</u>		Date of Disbursement or Obligation <u>03' 06' 2010</u>	
Mailing Address of Payee <u>25 WHITLOCK PLACE SUITE 201</u>		Amount <u>29,782.00</u>	
City <u>MARIETTA</u>	State <u>GA</u>	Zip Code <u>30064</u>	Communication Date <u>03' 07' 2010</u>
Name of Employer <u>N/A</u>	Occupation <u>N/A</u>		
Purpose of Disbursement (Including title(s) of communication(s)) <u>TV MEDIA BUY - "Real Record"</u>			
Name of Federal Candidate <u>BILL HARTER</u>	Office Sought: ☒ House ☐ Senate ☐ President	State: <u>AR</u> District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>440,330.84</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		_____	

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>SEE CHANGE MEDIA</u>		Date of Disbursement or Obligation <u>05' 06' 2010</u>	
Mailing Address of Payee <u>6310 SAN VICENTE BOULEVARD SUITE 250</u>		Amount <u>2,571.42</u>	
City <u>LOS ANGELES</u>	State <u>CA</u>	Zip Code <u>90048</u>	
Name of Employer <u>N/A</u>	Occupation <u>N/A</u>	Communication Date <u>05' 07' 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>PRODUCTION EXPENSES - "THANK YOU"</u>			
Name of Federal Candidate <u>BILL HARTER</u>	Office Sought: ☒ House ☒ Senate ☐ President	State: <u>AR</u>	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee <u>SEE CHANGE MEDIA</u>		Date of Disbursement or Obligation <u>05' 06' 2010</u>	
Mailing Address of Payee <u>6310 SAN VICENTE BOULEVARD SUITE 250</u>		Amount <u>1,182.41</u>	
City <u>LOS ANGELES</u>	State <u>CA</u>	Zip Code <u>90048</u>	
Name of Employer <u>N/A</u>	Occupation <u>N/A</u>	Communication Date <u>05' 07' 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>PRODUCTION EXPENSES - "Real Record"</u>			
Name of Federal Candidate <u>BILL HARTER</u>	Office Sought: ☒ House ☒ Senate ☐ President	State: <u>AR</u>	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>1,4453.83</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>454784.71</u>	

The FEC added this page to the end of this filing to indicate how it was received.

(5/2004)

N/A
DATE PREPARED