

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Democratic Party of Arkansas

ADDRESS (number and street) 1300 West Capitol Avenue  
Check if different than previously reported. (ACC) Little Rock AR 72201

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00024372 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2021 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
John, Unger, , ,  
Type or Print Name of Treasurer

Signature of Treasurer John, Unger, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Democratic Party of Arkansas**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2021"/>  |                         | 48180.23                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 41614.79                |                                   |
| (c) Total Receipts (from Line 19) .....  | 47189.85                | 124124.04                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 88804.64                | 172304.27                         |
| 7. Total Disbursements (from Line 31).....   | 45097.84                | 128597.47                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 43706.80                | 43706.80                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 141192.70               |                                   |

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Democratic Party of Arkansas**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 3534.75                       | 17293.75                          |
| (ii) Unitemized .....   | 5921.92                       | 20056.16                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 9456.67                       | 37349.91                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 20000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 9456.67                       | 57349.91                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 12941.17                      | 40822.32                          |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 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.).....   | 1842.59                       | 3002.39                           |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 22949.42                      | 22949.42                          |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 22949.42                      | 22949.42                          |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 47189.85                      | 124124.04                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 24240.43                      | 101174.62                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 6063.44                       | 17749.83                          |
| (ii) Non-Federal Share.....  | 22810.02                      | 66772.88                          |
| (b) Other Federal Operating Expenditures .....   | 12350.64                      | 30712.01                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 41224.10                      | 115234.72                         |
| 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 Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated 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 .....                           | 3873.74                       | 13362.75                          |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 3873.74                       | 13362.75                          |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 45097.84                      | 128597.47                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 22287.82                      | 61824.59                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 9456.67                               | 57349.91                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 9456.67                               | 57349.91                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 18414.08                              | 48461.84                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 18414.08                              | 48461.84                                  |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Payments for 'Payroll,' 'Payroll Taxes' and 'Health Insurance' on Schedule H4 are for those individuals who did not spend more than 25% of their time during the period on activity in connection with a federal election. The prices paid for voter file purchases are established using comparable prices charged by other state party committees throughout the country on a per record cost. The exact price paid to the Committee by each entity is determined by multiplying the per record cost by the number of records provided in the file purchased. Funds from the Democratic National Committee, the Democratic Senatorial Campaign Committee, and the Democratic Congressional Campaign Committee were not earmarked for any particular activity with the Committee.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 52                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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)  
**Democratic Party of Arkansas**

|   |             |   |  |
|---|-------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. allen, bob, , ,</b>                    |             |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>03 / 11 / 2021 |
| Mailing Address 576 Silex Rd  |             |   | <b>Transaction ID : 12761232</b>                                 |
| City<br>Dover   | State<br>AR | Zip Code<br>72837-8558                      | Amount of Each Receipt this Period<br>50.00                      |
| FEC ID number of contributing federal political committee.<br>C   |             |   | <input type="checkbox"/> Memo Item                               |
| Name of Employer (for Individual)<br>Not Employed   |             | Occupation (for Individual)<br>Not Employed |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>300.00          |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. allen, bob, , ,</b>                    |             |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>03 / 11 / 2021 |
| Mailing Address 576 Silex Rd  |             |   | <b>Transaction ID : 12761300</b>                                 |
| City<br>Dover   | State<br>AR | Zip Code<br>72837-8558                      | Amount of Each Receipt this Period<br>50.00                      |
| FEC ID number of contributing federal political committee.<br>C   |             |   | <input type="checkbox"/> Memo Item                               |
| Name of Employer (for Individual)<br>Not Employed   |             | Occupation (for Individual)<br>Not Employed |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>300.00          |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Barth, Jay, , ,</b>                  |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>03 / 11 / 2021 |
| Mailing Address 1711 Center St 1711 Ctr   |             |  | <b>Transaction ID : 12761288</b>                                 |
| City<br>Little Rock   | State<br>AR | Zip Code<br>72206                                | Amount of Each Receipt this Period<br>250.00                     |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item                               |
| Name of Employer (for Individual)<br>Hendrix College  |             | Occupation (for Individual)<br>College professor |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>784.00               |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 8 OF 52                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

**A. Barth, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1711 Center St 1711 Ctr  
 City Little Rock State AR Zip Code 72206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hendrix College Occupation (for Individual) College professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 784.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12761291**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Clyburn, Alyson, Elizabeth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 Bosley Dr  
 City Little Rock State AR Zip Code 72227-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Windstream Communications Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12761210**  
 Amount of Each Receipt this Period  
 519.75  
 Memo Item

**C. Cotton, Margaret, Hufnagel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12736 Rhoden Ln  
 City Lowell State AR Zip Code 72745-9111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Huntsville Public Schools Occupation (for Individual) educator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12761269**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 629.75 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 9 OF 52  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

**A. Dillard, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 387 Pryor Dr  
 City Malvern State AR Zip Code 72104-6096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12761484**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Flanagan, Alan, Dean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1611 Rannoch Trce  
 City Fort Smith State AR Zip Code 72908-8692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Choctaw nation Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12761480**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. McDaniel, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 N Palm St  
 City Little Rock State AR Zip Code 72205-3854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Axiom Corp Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12761350**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 355.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 10 OF 52 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

**A. McGregor, Jane, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 263 S Enid Ave  
 City Russellville State AR Zip Code 72801-3334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 314.00

Date of Receipt **03 / 11 / 2021**  
**Transaction ID : 12761292**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Schusterman, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 W 7th St Ste 2000  
 City Tulsa State OK Zip Code 74119-1076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Charles and Lynn Schusterman Family Ph Occupation (for Individual) Chair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt **03 / 31 / 2021**  
**Transaction ID : 12897145**  
 Amount of Each Receipt this Period 1575.00  
 Memo Item  
 \* In-Kind: In-Kind of Stac Labs Services

**C. Weeks, Brandon, Douglas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2511 Greenridge Dr  
 City Fort Smith State AR Zip Code 72903-5103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Real-Estate  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 11 / 2021**  
**Transaction ID : 12761272**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2075.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

|   |                              |
|---|------------------------------|
| FOR LINE NUMBER:<br>(check only one)    | PAGE 11 OF 52                |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
| <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Willett, Jason, Romuald, ,

Mailing Address PO Box 754

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Jonesboro | State<br>AR | Zip Code<br>72403-0754 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                     |
|---|-------------------------------------|
| Name of Employer (for Individual)<br>Self | Occupation (for Individual)<br>Self |
|---|-------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2021        |

**Transaction ID : 12761248**

Amount of Each Receipt this Period  
125.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 125.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 3534.75 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 52   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input checked="" type="checkbox"/> 12                  |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

**A. Democratic Grassroots Victory Fund**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 S Capitol St SE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20003-4024 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00658476

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2021  
**Transaction ID : 12869230**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. Wexner, Abigail, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 Whitebarn Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>New Albany | State<br>OH | Zip Code<br>43054-9407 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Self Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2020  
**Transaction ID : 12903055**

Amount of Each Receipt this Period  
10000.00

Memo Item

\* Democratic Grassroots Victory Fund

**C. Democratic National Committee**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 S Capitol St SE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20003-4024 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10822.32

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2021  
**Transaction ID : 12870280**

Amount of Each Receipt this Period  
2941.17

Memo Item

In-Kind On-Line Voter File Access NGP VAN

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 12941.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 12941.17 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 52  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

**A. Craighead County Democratic Central Committee**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 Union St  
 City Jonesboro State AR Zip Code 72401-2833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12739223**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 Voter File Purchase

**B. VLM Cooperative**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 9  
 City Lexington State KY Zip Code 40588-0009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1123.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12739233**  
 Amount of Each Receipt this Period  
 1123.87  
 Memo Item  
 Voter File Purchase

**C. Washington County Democrats**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3687  
 City Fayetteville State AR Zip Code 72702-3687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 415.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2021  
**Transaction ID : 12761160**  
 Amount of Each Receipt this Period  
 415.80  
 Memo Item  
 Voter File Payment

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1839.67 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1839.67 |

**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"/> 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 |

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NAME OF COMMITTEE (In Full)

**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500561547**

Amount of Each Disbursement this Period

[ ] 318.93

Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic National Committee**

Mailing Address 430 S Capitol St SE

City  
Washington

State  
DC

Zip Code  
20003-4024

Purpose of Disbursement  
In-Kind On-Line Voter File Access NGP VAN

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C C00010603

**Transaction ID : 500564297**

Amount of Each Disbursement this Period

[ ] 2941.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. Horton Brothers Printing Co., Inc.**

Mailing Address PO Box 5668

City  
North Little Rock

State  
AR

Zip Code  
72119-5668

Purpose of Disbursement  
Printing/Clinton Dinner Program

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500563578**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 4260.10

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

[ ]

**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"/> 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 |

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NAME OF COMMITTEE (In Full)

**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

**A. Mulinax, Christina, R., ,**

Mailing Address 3219 W Markham St  
Apt B

City  
Little Rock

State  
AR

Zip Code  
72205-5857

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500563546**

Amount of Each Disbursement this Period

[Redacted] 1485.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mulinax, Christina, R., ,**

Mailing Address 3219 W Markham St  
Apt B

City  
Little Rock

State  
AR

Zip Code  
72205-5857

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 1 |   |   |

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500563547**

Amount of Each Disbursement this Period

[Redacted] 1485.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City  
Rochester

State  
NY

Zip Code  
14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500563554**

Amount of Each Disbursement this Period

[Redacted] 532.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[Redacted] 3504.30

[Redacted]

**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"/> 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 |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)  
**A. Paychex**

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 19 / 2021

FEC Identification Number: C

Transaction ID : 500563662

Amount of Each Disbursement this Period: 532.58

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Schusterman, Stacy, , ,**

Mailing Address 110 W 7th St Ste 2000

City Tulsa State OK Zip Code 74119-1076

Purpose of Disbursement In-Kind of Stac Labs Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 31 / 2021

FEC Identification Number: C

Transaction ID : 128971451

Amount of Each Disbursement this Period: 1575.00

\* In-Kind Received

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Simmons Bank Payment Processing**

Mailing Address PO Box 84071

City Columbus State GA Zip Code 31908-4071

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 09 / 2021

FEC Identification Number: C

Transaction ID : 500564242

Amount of Each Disbursement this Period: 659.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2767.28

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



**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"/> 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 |

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NAME OF COMMITTEE (In Full)

**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

**A. Simmons Bank Payment Processing**

Mailing Address PO Box 84071

City  
Columbus

State  
GA

Zip Code  
31908-4071

Purpose of Disbursement  
Overlimit Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500564249**

Amount of Each Disbursement this Period

[ ] 79.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Simmons Bank Payment Processing**

Mailing Address PO Box 84071

City  
Columbus

State  
GA

Zip Code  
31908-4071

Purpose of Disbursement  
Finance Charges

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500564250**

Amount of Each Disbursement this Period

[ ] 580.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. Simmons Bank Payment Processing**

Mailing Address PO Box 84071

City  
Columbus

State  
GA

Zip Code  
31908-4071

Purpose of Disbursement  
Finance Charges

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500564243**

Amount of Each Disbursement this Period

[ ] 67.04

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[ ] 67.04

[ ]

**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"/> 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 |

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NAME OF COMMITTEE (In Full)

**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

**A. Simmons Bank Payment Processing**

Mailing Address PO Box 84071

City  
Columbus

State  
GA

Zip Code  
31908-4071

Purpose of Disbursement  
Finance Charges

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500564244**

Amount of Each Disbursement this Period

[ ] 640.89

Memo Item

Full Name (Last, First, Middle Initial)

**B. Simmons Bank Payment Processing**

Mailing Address PO Box 84071

City  
Columbus

State  
GA

Zip Code  
31908-4071

Purpose of Disbursement  
Finance Charges

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500564287**

Amount of Each Disbursement this Period

[ ] 925.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unum**

Mailing Address 1 Fountain Sq  
Ste 110

City  
Chattanooga

State  
TN

Zip Code  
37402-1304

Purpose of Disbursement  
Workman's Compensation Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500563559**

Amount of Each Disbursement this Period

[ ] 46.92

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[ ] 1613.50

[ ]

# 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"/> 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 |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

### A. Unum

Mailing Address 1 Fountain Sq  
Ste 110

City  
Chattanooga

State  
TN

Zip Code  
37402-1304

Purpose of Disbursement  
Workman's Compensation Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 1 |   |   |

FEC Identification Number

C

Transaction ID : 500563560

Amount of Each Disbursement this Period

11.08

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11.08

12223.30

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Dental Insurance</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2021  |
| Mailing Address PO Box 1789   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : 500563572</b><br>Amount of Each Disbursement this Period<br>[ ] - 78.10 |
| City<br>Lowell  | State<br>AR  | Zip Code<br>72745-1789  |
| Purpose of Disbursement<br>Health Insurance Credit  |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Dental Insurance</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2021   |
| Mailing Address PO Box 1789   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : 500563575</b><br>Amount of Each Disbursement this Period<br>[ ] 7.66 |
| City<br>Lowell  | State<br>AR  | Zip Code<br>72745-1789   |
| Purpose of Disbursement<br>Health Insurance   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Dental Insurance</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2021  |
| Mailing Address PO Box 1789   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : 500563576</b><br>Amount of Each Disbursement this Period<br>[ ] - 30.64 |
| City<br>Lowell  | State<br>AR  | Zip Code<br>72745-1789  |
| Purpose of Disbursement<br>Health Insurance Credit  |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |   |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] - 101.08 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]          |

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City  
Rochester

State  
NY

Zip Code  
14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : 500563555**

Amount of Each Disbursement this Period

[REDACTED] 492.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City  
Rochester

State  
NY

Zip Code  
14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 2 | 1 |   |   |

FEC Identification Number

C [REDACTED]

**Transaction ID : 500563663**

Amount of Each Disbursement this Period

[REDACTED] 492.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. Watkins, Lauren, Arrianna, ,**

Mailing Address 9421 Brittany Point Dr

City  
Little Rock

State  
AR

Zip Code  
72206-4267

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : 500563550**

Amount of Each Disbursement this Period

[REDACTED] 1416.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 2401.44

[REDACTED]

# 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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

Full Name (Last, First, Middle Initial)

**A. Watkins, Lauren, Arrianna, ,**

Mailing Address 9421 Brittany Point Dr

City  
Little Rock

State  
AR

Zip Code  
72206-4267

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 2 | 1 |

FEC Identification Number

C [ ]

**Transaction ID : 500563551**

Amount of Each Disbursement this Period

[ ] 1416.31 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 1416.31 [ ]

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

[ ] 3716.67 [ ]

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Democratic Party of Arkansas** Transaction ID : 2487607L

|  |             |  |   |
|--|-------------|--|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>First National Bank of Jonesboro |             | <input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 1660  |             |  |   |
| City<br>Jonesboro  | State<br>AR | ZIP Code<br>72403-1660   |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 39647.16                | 29954.16                   | 9693.00                                     |

**TERMS**

|                                  |                                  |               |   |
|----------------------------------|----------------------------------|---------------|---|
| Date Incurred                    | Date Due                         | Interest Rate | Secured:  |
| MM / DD / YYYY<br>05 / 01 / 2012 | MM / DD / YYYY<br>04 / 05 / 2017 | 4.95 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer                   |
|--|------------------------------------|
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

|   |         |
|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | 9693.00 |
| <b>TOTALS</b> This Period (last page in this line only) ..... | 9693.00 |

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) | PAGE 24 OF 52                     |
|   | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/>                          | 9                                 |
| <input checked="" type="checkbox"/>               | 10                                |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|   |             |  |  |
|---|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Stac Labs, Inc</b> |             | Nature of Debt (Purpose):<br>Software License Fees |  |
| Mailing Address 24 A Trolley Sq<br># 1223   |             |  |  |
| City<br>Wilmington  | State<br>DE | Zip Code<br>19806-3334                             |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period<br>19070.00 |                             | Transaction ID : 1250001711                             |  |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>19070.00 |  |

|   |             |   |  |
|---|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Action Squared, Inc. (Formerly The Action Network)</b> |             | Nature of Debt (Purpose):<br>Consultant - Digital |  |
| Mailing Address 1900 L St NW<br>Ste 900   |             |   |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20036-5005                            |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period<br>6800.00 |                             | Transaction ID : 1250000979                            |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>6800.00 |  |

|  |             |  |  |
|--|-------------|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Arkansas Cancer Clinic PA</b> |             | Nature of Debt (Purpose):<br>Contribution Refund |  |
| Mailing Address 7200 S Hazel St  |             |  |  |
| City<br>Pine Bluff   | State<br>AR | Zip Code<br>71603-7836                           |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period<br>1000.00 |                             | Transaction ID : 1250001013                            |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>1000.00 |  |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 26870.00 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |          |



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |                                   |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 25 OF 52                     |
|   | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/>                          | 9                                 |
| <input checked="" type="checkbox"/>               | 10                                |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|  |             |                        |  |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Arkansas Legislative Digest, Inc.</b> |             |                        | Nature of Debt (Purpose):<br>Subscriptions |
| Mailing Address 411 S Victory St<br>Ste 203  |             |                        |  |
| City<br>Little Rock  | State<br>AR | Zip Code<br>72201-2935 |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="1350.00"/> | <b>Transaction ID : 1250001017</b>                       |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1350.00"/> |

|  |             |                        |                                       |
|--|-------------|------------------------|---------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>BallotReady</b> |             |                        | Nature of Debt (Purpose):<br>Software |
| Mailing Address 332 S Michigan Ave<br>FI 9   |             |                        |                                       |
| City<br>Chicago  | State<br>IL | Zip Code<br>60604-4434 |                                       |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="4000.00"/> | <b>Transaction ID : 1250000976</b>                       |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="4000.00"/> |

|   |             |                        |  |
|---|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Baughman Company</b> |             |                        | Nature of Debt (Purpose):<br>Contribution Refund |
| Mailing Address 3106 Fillmore St<br>FI 2  |             |                        |  |
| City<br>San Francisco   | State<br>CA | Zip Code<br>94123-3417 |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="1125.00"/> | <b>Transaction ID : 1250000992</b>                       |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1125.00"/> |

|  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | <input type="text" value="6475.00"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | <input type="text"/>                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | <input type="text"/>                 |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/>                 |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |  |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 26 OF 52                          |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|   |             |                        |  |
|---|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Brent Stevenson Associates</b> |             |                        | Nature of Debt (Purpose):<br>Contribution Refund |
| Mailing Address 1020 W 4th St<br>Ste 400  |             |                        |  |
| City<br>Little Rock   | State<br>AR | Zip Code<br>72201-2036 |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="1000.00"/> | <b>Transaction ID : 1250000967</b>                       |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1000.00"/> |

|   |             |                        |  |
|---|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>bumperactive.com</b> |             |                        | Nature of Debt (Purpose):<br>Printing/Generic bumperstickers |
| Mailing Address 5907 Burnet Rd  |             |                        |  |
| City<br>Austin  | State<br>TX | Zip Code<br>78757-3224 |  |

|   |   |   |
|---|---|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="6339.36"/> | <b>Transaction ID : 1250001715</b>                        |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="99.21"/> | Outstanding Balance at Close of This Period<br><input type="text" value="6240.15"/> |

|  |             |                        |   |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Bylites, Inc. Production Services</b> |             |                        | Nature of Debt (Purpose):<br>refund of prohibited corporated inkind |
| Mailing Address 712 E 11th St  |             |                        |   |
| City<br>Little Rock  | State<br>AR | Zip Code<br>72202-5131 |   |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="500.00"/> | <b>Transaction ID : 1250001008</b>                       |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="500.00"/> |

|  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | <input type="text" value="7740.15"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | <input type="text"/>                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | <input type="text"/>                 |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/>                 |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |                                   |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 27 OF 52                     |
|   | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/>                          | 9                                 |
| <input checked="" type="checkbox"/>               | 10                                |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|  |             |                        |  |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Bylites, Inc. Production Services</b> |             |                        | Nature of Debt (Purpose):<br>refund of prohibited corporate inkind |
| Mailing Address 712 E 11th St  |             |                        |  |
| City<br>Little Rock  | State<br>AR | Zip Code<br>72202-5131 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period<br>2500.00 | <b>Transaction ID : 1250001015</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00        | Outstanding Balance at Close of This Period<br>2500.00 |

|  |             |                        |   |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Bylites, Inc. Production Services</b> |             |                        | Nature of Debt (Purpose):<br>refund of prohibited corporated inkind |
| Mailing Address 712 E 11th St  |             |                        |   |
| City<br>Little Rock  | State<br>AR | Zip Code<br>72202-5131 |   |

|  |                                    |  |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period<br>2500.00 | <b>Transaction ID : 1250001006</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00        | Outstanding Balance at Close of This Period<br>2500.00 |

|   |             |                   |  |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>DBH Management Consultants</b> |             |                   | Nature of Debt (Purpose):<br>Contribution Refund |
| Mailing Address 207 E Church St 207 East Church St  |             |                   |  |
| City<br>Morrilton   | State<br>AR | Zip Code<br>72110 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period<br>1250.00 | <b>Transaction ID : 1250000989</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00        | Outstanding Balance at Close of This Period<br>1250.00 |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 6250.00 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       |         |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |         |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |  |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 28 OF 52                          |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|  |             |  |  |
|--|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>E-Z Mart Stores Inc</b> |             | Nature of Debt (Purpose):<br>Contribution Refund |  |
| Mailing Address PO Box 1426  |             |  |  |
| City<br>Texarkana  | State<br>TX | Zip Code<br>75504-1426                           |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>10000.00 | Transaction ID : 1250000970 |   |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>10000.00 |

|   |             |   |  |
|---|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Fuqua Campbell, PA</b> |             | Nature of Debt (Purpose):<br>Legal Fees |  |
| Mailing Address 3700 Cantrell Rd<br>Apt 205   |             |   |  |
| City<br>Little Rock   | State<br>AR | Zip Code<br>72202-1842                  |  |

|   |                             |   |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period<br>36428.16 | Transaction ID : 1250001019 |   |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>36428.16 |

|  |             |   |  |
|--|-------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Hillcrest Lawn Care</b> |             | Nature of Debt (Purpose):<br>Office Landscape Maintenance |  |
| Mailing Address PO Box 250791  |             |   |  |
| City<br>Little Rock  | State<br>AR | Zip Code<br>72225-0791                                    |  |

|  |                             |  |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period<br>3249.60 | Transaction ID : 1250000965 |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>3249.60 |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 49677.76 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |          |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |  |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 29 OF 52                          |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|   |             |                        |   |
|---|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Horton Brothers Printing Co., Inc.</b> |             |                        | Nature of Debt (Purpose):<br>Printing of Business Cards and Postcards |
| Mailing Address PO Box 5668   |             |                        |   |
| City<br>North Little Rock   | State<br>AR | Zip Code<br>72119-5668 |   |

|  |                                    |  |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period<br>6172.51 | <b>Transaction ID : 1250001016</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>1000.00     | Outstanding Balance at Close of This Period<br>5172.51 |

|  |             |                        |  |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NGP VAN, Inc.</b> |             |                        | Nature of Debt (Purpose):<br>Software License Fees |
| Mailing Address 1101 15th St NW<br>Ste 500   |             |                        |  |
| City<br>Washington   | State<br>DC | Zip Code<br>20005-5006 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period<br>4350.00 | <b>Transaction ID : 1250001708</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00        | Outstanding Balance at Close of This Period<br>4350.00 |

|  |             |                        |   |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Political CFO's</b> |             |                        | Nature of Debt (Purpose):<br>Accounting & Compliance Services |
| Mailing Address 3000 Airport Dr<br>Unit 204  |             |                        |   |
| City<br>Erie   | State<br>CO | Zip Code<br>80516-8129 |   |

|   |                                    |  |
|---|------------------------------------|--|
| Outstanding Balance Beginning This Period<br>10113.15 | <b>Transaction ID : 1250001260</b> |  |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>4113.15     | Outstanding Balance at Close of This Period<br>6000.00 |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 15522.51 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |          |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |  |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 30 OF 52                          |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|   |             |   |  |
|---|-------------|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>QualChoice</b> |             | Nature of Debt (Purpose):<br>Health Insurance |  |
| Mailing Address PO Box 677272   |             |   |  |
| City<br>Dallas  | State<br>TX | Zip Code<br>75267-7272                        |  |

|  |                             |  |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period<br>4762.86 | Transaction ID : 1250001716 |  |
| Amount Incurred This Period<br>3410.07               | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>8172.93 |

|  |             |   |  |
|--|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Roots Up Consulting</b> |             | Nature of Debt (Purpose):<br>Consulting |  |
| Mailing Address PO Box 56551   |             |   |  |
| City<br>Little Rock  | State<br>AR | Zip Code<br>72215-6551                  |  |

|  |                                |   |
|--|--------------------------------|---|
| Outstanding Balance Beginning This Period<br>1350.00 | Transaction ID : 1250001710    |   |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>1350.00 | Outstanding Balance at Close of This Period<br>0.00 |

|   |             |   |  |
|---|-------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b> |             | Nature of Debt (Purpose):<br>Legal Services |  |
| Mailing Address 1090 Vermont Ave NW<br>Ste 750  |             |   |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20005-4905                      |  |

|  |                             |  |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period<br>4800.00 | Transaction ID : 1250000966 |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>4800.00 |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 12972.93 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |          |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |                                   |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 31 OF 52                     |
|   | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/>                          | 9                                 |
| <input checked="" type="checkbox"/>               | 10                                |

NAME OF COMMITTEE (In Full)  
**Democratic Party of Arkansas**

|   |             |                        |  |
|---|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Trinity Lighting Inc</b> |             |                        | Nature of Debt (Purpose):<br>Contribution Refund |
| Mailing Address PO Box 2498   |             |                        |  |
| City<br>Jonesboro   | State<br>AR | Zip Code<br>72402-2498 |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="5000.00"/> | <b>Transaction ID : 1250001020</b>                       |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="5000.00"/> |

|   |             |                        |   |
|---|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Unum</b> |             |                        | Nature of Debt (Purpose):<br>Workman's Compensation Insurance |
| Mailing Address 1 Fountain Sq<br>Ste 110  |             |                        |   |
| City<br>Chattanooga   | State<br>TN | Zip Code<br>37402-1304 |   |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> | <b>Transaction ID : 1250001742</b>                       |  |
| Amount Incurred This Period<br><input type="text" value="991.35"/>             | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="991.35"/> |

|  |       |          |                           |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor |       |          | Nature of Debt (Purpose): |
| Mailing Address  |       |          |                           |
| City   | State | Zip Code |                           |

|   |   |   |
|---|---|---|
| Outstanding Balance Beginning This Period<br><input type="text"/> |   |   |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |

|  |  |
|--|--|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | <input type="text" value="5991.35"/>   |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | <input type="text" value="131499.70"/> |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | <input type="text" value="9693.00"/>   |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="141192.70"/> |

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Democratic Party of Arkansas

|  |   |                                      |
|--|---|--------------------------------------|
| NAME OF ACCOUNT<br>DPA - Non Federal Operating | DATE OF RECEIPT<br>MM / DD / YYYY<br>03 / 30 / 2021 | TOTAL AMOUNT TRANSFERRED<br>22949.42 |
|--|---|--------------------------------------|

**BREAKDOWN OF TRANSFER RECEIVED**

|  |          |
|--|----------|
| <b>i) Total Administrative</b> .....   | 22949.42 |
| <b>Transaction ID : 1075AD</b>   |          |
| <b>ii) Generic Voter Drive</b> .....   |          |
| <b>iii) Exempt Activities</b> .....  |          |
| <b>iv) Direct Fundraising (List Activity or Event Identifier)</b>            |          |
| a) _____   |          |
| b) _____   |          |
| c) Total Amount Transferred For Direct Fundraising .....                     |          |
| <b>v) Direct Candidate Support (List Activity or Event Identifier)</b>       |          |
| a) _____   |          |
| b) _____   |          |
| c) Total Amount Transferred For Direct Candidate Support .....               |          |
| <b>vi) Public Communications Referring Only to Party (Made by PAC)</b> ..... |          |

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

|  |          |
|--|----------|
| <b>TOTAL</b> This Period (Administrative) .....                                | 22949.42 |
| <b>TOTAL</b> This Period (Generic Voter Drive) .....                           | 0.00     |
| <b>TOTAL</b> This Period (Exempt Activities) .....                             | 0.00     |
| <b>TOTAL</b> This Period (Direct Fundraising) .....                            | 0.00     |
| <b>TOTAL</b> This Period (Direct Candidate Support) .....                      | 0.00     |
| <b>TOTAL</b> This Period (Public Communications Referring Only to Party) ..... | 0.00     |
| <b>TOTAL</b> This Period (Total Amount Transferred) .....                      | 22949.42 |



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563556**  Memo Item

**ADT Security Services**

Mailing Address PO Box 371878

City Pittsburgh State PA Zip Code 15250-7878

Purpose of Disbursement: Building Security

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 15.30         |   | 57.54            |   | 72.84        |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563566**  Memo Item

**Arkansas Copier Center, Inc**

Mailing Address PO Box 192464

City Little Rock State AR Zip Code 72219-2464

Purpose of Disbursement: Copier Lease

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 67.19         |   | 252.76           |   | 319.95       |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563567**  Memo Item

**Arkansas Mailing Services**

Mailing Address 312 Newman Dr

City North Little Rock State AR Zip Code 72117-1913

Purpose of Disbursement: Printing/Christmas Cards

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 61.72         |   | 232.17           |   | 293.89       |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 144.21        |   | 542.47           |   | 686.68       |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

Form A: Carden, Shelby, Jo, . Transaction ID: 500563538. Administrative. Date: 03/05/2021. Total Amount: 1036.51.

Form B: Carden, Shelby, Jo, . Transaction ID: 500563539. Administrative. Date: 03/19/2021. Total Amount: 1036.52.

Form C: Centerpoint Energy. Transaction ID: 500563563. Administrative. Date: 03/09/2021. Total Amount: 281.98.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (494.56), NONFEDERAL SHARE (1860.45), TOTAL AMOUNT (2355.01).

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563565**  Memo Item

**Central AR Water**

Mailing Address 221 E Capitol Ave

City Little Rock State AR Zip Code 72202-2413

Purpose of Disbursement: Utilities

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.27          |   | 27.36            |   | 34.63        |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563537**  Memo Item

**CNA Insurance**

Mailing Address 189 EXECUTIVE CENTER DR # 315

City Little Rock State AR Zip Code 72211

Purpose of Disbursement: Liability Insurance

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 03 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.15         |   | 305.28           |   | 386.43       |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563540**  Memo Item

**Coleman, Karyn, D, ,**

Mailing Address 14 Detroit St

City Little Rock State AR Zip Code 72206-3613

Purpose of Disbursement: Payroll

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 05 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 449.31        |   | 1690.25          |   | 2139.56      |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 537.73        |   | 2022.89          |   | 2560.62      |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
|               |  |                  |  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563541**  Memo Item

**Coleman, Karyn, D., ,**

Mailing Address 14 Detroit St

City Little Rock State AR Zip Code 72206-3613

Purpose of Disbursement: Payroll

Activity or Event Identifier: **Administrative**

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 19 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 449.31        |   | 1690.25          |   | 2139.56      |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563564**  Memo Item

**Comcast**

Mailing Address PO Box 88

City Memphis State TN Zip Code 38101-0088

Purpose of Disbursement: Cable & Internet

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 77.97         |   | 293.30           |   | 371.27       |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563542**  Memo Item

**Davis, Nathan, W., ,**

Mailing Address 38 Scenic Blvd

City Little Rock State AR Zip Code 72207-1917

Purpose of Disbursement: Payroll

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 05 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 217.67        |   | 818.84           |   | 1036.51      |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 744.95        |   | 2802.39          |   | 3547.34      |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
|               |  |                  |  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

Form A: Full Name (Last, First, Middle Initial) Transaction ID : 500563568 Davis, Nathan, W., , Mailing Address 38 Scenic Blvd, City Little Rock, State AR, Zip Code 72207-1917, Purpose of Disbursement: Reimbursement, Activity or Event Identifier: Administrative, Allocated Activity or Event: Administrative, Date 03/09/2021, FEDERAL SHARE 4.62, NONFEDERAL SHARE 17.38, TOTAL AMOUNT 22.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : 500563543 Davis, Nathan, W., , Mailing Address 38 Scenic Blvd, City Little Rock, State AR, Zip Code 72207-1917, Purpose of Disbursement: Payroll, Activity or Event Identifier: Administrative, Allocated Activity or Event: Administrative, Date 03/19/2021, FEDERAL SHARE 217.67, NONFEDERAL SHARE 818.85, TOTAL AMOUNT 1036.52

Form C: Full Name (Last, First, Middle Initial) Transaction ID : 500563571 Delta Dental Insurance, Mailing Address PO Box 1789, City Lowell, State AR, Zip Code 72745-1789, Purpose of Disbursement: Health Insurance, Activity or Event Identifier: Administrative, Allocated Activity or Event: Administrative, Date 03/09/2021, FEDERAL SHARE 31.02, NONFEDERAL SHARE 116.68, TOTAL AMOUNT 147.70

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 253.31, 952.91, 1206.22

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Democratic Party of Arkansas

A. Full Name (Last, First, Middle Initial) Transaction ID : 500563577
Delta Dental Insurance
Mailing Address PO Box 1789
City Lowell State AR Zip Code 72745-1789
Purpose of Disbursement: Health Insurance
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 7.64 NONFEDERAL SHARE 28.74 TOTAL AMOUNT 36.38

B. Full Name (Last, First, Middle Initial) Transaction ID : 500563544
Kauffman, Jacob, Scott,
Mailing Address 1018 N Taylor St
City Little Rock State AR Zip Code 72205-1745
Purpose of Disbursement: Payroll
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 335.56 NONFEDERAL SHARE 1262.34 TOTAL AMOUNT 1597.90

C. Full Name (Last, First, Middle Initial) Transaction ID : 500563545
Kauffman, Jacob, Scott,
Mailing Address 1018 N Taylor St
City Little Rock State AR Zip Code 72205-1745
Purpose of Disbursement: Payroll
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 335.56 NONFEDERAL SHARE 1262.34 TOTAL AMOUNT 1597.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 678.76, 2553.42, 3232.18

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563552**  Memo Item

**Paychex**

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement: Payroll Service Fees

Activity or Event Identifier: **Administrative**

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 05 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.94         |   | 116.41           |   | 147.35       |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563553**  Memo Item

**Paychex**

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement: Payroll Taxes

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 05 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 341.36        |   | 1284.18          |   | 1625.54      |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563661**  Memo Item

**Paychex**

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement: Payroll Taxes

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 19 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 337.96        |   | 1271.37          |   | 1609.33      |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 710.26        |   | 2671.96          |   | 3382.22      |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
|               |  |                  |  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

A. Full Name (Last, First, Middle Initial) Transaction ID : 500563664
Paychex
Mailing Address 911 Panorama Trl S
City Rochester State NY Zip Code 14625-2311
Purpose of Disbursement: Payroll Service Fees
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 30.94 NONFEDERAL SHARE 116.41 TOTAL AMOUNT 147.35

B. Full Name (Last, First, Middle Initial) Transaction ID : 500563579
Political CFO's
Mailing Address 3000 Airport Dr Unit 204
City Erie State CO Zip Code 80516-8129
Purpose of Disbursement: Accounting & Compliance Services
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 863.76 NONFEDERAL SHARE 3249.39 TOTAL AMOUNT 4113.15

C. Full Name (Last, First, Middle Initial) Transaction ID : 500563657
Republic Services
Mailing Address PO Box 9001099
City Louisville State KY Zip Code 40290-1099
Purpose of Disbursement: Waste Disposal
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 49.96 NONFEDERAL SHARE 187.96 TOTAL AMOUNT 237.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 944.66, 3553.76, 4498.42

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500563580**  Memo Item

**Roots Up Consulting**

Mailing Address PO Box 56551

City Little Rock State AR Zip Code 72215-6551

Purpose of Disbursement: Communications Consulting

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 283.50        |   | 1066.50          |   | 1350.00      |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564245**  Memo Item

**Simmons Bank Payment Processing**

Mailing Address PO Box 84071

City Columbus State GA Zip Code 31908-4071

Purpose of Disbursement: Credit Card Payment

Activity or Event Identifier: Administrative

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 270.19        |   | 1016.43          |   | 1286.62      |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564285**  Memo Item

**Adobe Systems, Inc.**

Mailing Address 345 Park Ave

City San Jose State CA Zip Code 95110-2704

Purpose of Disbursement: Software Fees

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.10          |   | 7.89             |   | 9.99         |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 553.69        |   | 2082.93          |   | 2636.62      |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564281**  Memo Item

**American Airlines**

Mailing Address Little Rock Airport

City Little Rock State AR Zip Code 72205

Purpose of Disbursement: Airfare

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 128.63        |   | 483.87           |   | 612.50       |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564279**  Memo Item

**Buzzsprout**

Mailing Address 5133 San Jose Blvd

City Jacksonville State FL Zip Code 32207-7608

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.08         |   | 37.92            |   | 48.00        |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564286**  Memo Item

**Dos Rocas Beer & Tacos**

Mailing Address 1220 Main St

City Little Rock State AR Zip Code 72202-5032

Purpose of Disbursement: Food and Beverage

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 8.79          |   | 33.08            |   | 41.87        |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 0.00             |   | 0.00         |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564280**  Memo Item

**Envato**

Mailing Address PO Box 16122 Collins Street

City West Victoria 8007 Australia State ZZ Zip Code 00000

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: **Administrative**

**Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

**Allocated Activity or Event Year-To-Date**  
 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.71         |   | 40.29            |   | 51.00        |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564282**  Memo Item

**Southwest Airlines**

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement: Airfare

Activity or Event Identifier: **Administrative**

**Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

**Allocated Activity or Event Year-To-Date**  
 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 95.13         |   | 357.87           |   | 453.00       |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564283**  Memo Item

**Uber**

Mailing Address 555 Market St FI 9

City San Francisco State CA Zip Code 94105-5800

Purpose of Disbursement: Taxi Fare

Activity or Event Identifier: **Administrative**

**Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

**Allocated Activity or Event Year-To-Date**  
 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 11.74         |   | 44.17            |   | 55.91        |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 0.00             |   | 0.00         |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

A. Full Name (Last, First, Middle Initial) Transaction ID : 500564284
US Post Office
Mailing Address 615 Crittenden St
City Arkadelphia State AR Zip Code 71923-7809
Purpose of Disbursement: Postage
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 3.01 NONFEDERAL SHARE 11.34 TOTAL AMOUNT 14.35

B. Full Name (Last, First, Middle Initial) Transaction ID : 500564260
Simmons Bank Payment Processing
Mailing Address PO Box 84071
City Columbus State GA Zip Code 31908-4071
Purpose of Disbursement: Credit Card Payment
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 395.62 NONFEDERAL SHARE 1488.28 TOTAL AMOUNT 1883.90

C. Full Name (Last, First, Middle Initial) Transaction ID : 500564251
Adobe Systems, Inc.
Mailing Address 345 Park Ave
City San Jose State CA Zip Code 95110-2704
Purpose of Disbursement: Software License Fees
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
FEDERAL SHARE 18.89 NONFEDERAL SHARE 71.07 TOTAL AMOUNT 89.96

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 395.62, 1488.28, 1883.90

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564256**  Memo Item

**Aynax**

Mailing Address PO Box 628

City West Chester State PA Zip Code 19381-0628

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: **Administrative**

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.30          |   | 23.70            |   | 30.00        |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564252**  Memo Item

**B2B Prime**

Mailing Address 1850 Mercer Rd

City Lexington State KY Zip Code 40511-1013

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: **Administrative**

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 37.59         |   | 141.41           |   | 179.00       |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564253**  Memo Item

**Calendy**

Mailing Address 1315 Peachtree St NE

City Atlanta State GA Zip Code 30309-7515

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: **Administrative**

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 20.16         |   | 75.84            |   | 96.00        |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 0.00             |   | 0.00         |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

|  |             |                        |   |  |   |                                     |
|--|-------------|------------------------|---|--|---|-------------------------------------|
| A. Full Name (Last, First, Middle Initial) <b>Transaction ID : 500564258</b> <input checked="" type="checkbox"/> Memo Item |             |                        | Allocated Activity or Event:  |  |   |                                     |
| Dialpad, Inc.  |             |                        | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |   |                                     |
| Mailing Address 100 California St<br>Ste 500   |             |                        | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |   |                                     |
| City<br>San Francisco  | State<br>CA | Zip Code<br>94111-4510 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |   |                                     |
| Purpose of Disbursement:<br>Telephones   |             |                        | Allocated Activity or Event Year-To-Date<br>84522.71  |  |   |                                     |
| Activity or Event Identifier:<br>Administrative  |             |                        | Date <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2021"/>              |  |   |                                     |
| * <input type="text"/>   |             |                        | Category/Type   |  |   |                                     |
| FEDERAL SHARE  |             | +                      | NONFEDERAL SHARE  |  | = | TOTAL AMOUNT                        |
| <input type="text" value="136.07"/>  |             |                        | <input type="text" value="511.90"/>   |  |   | <input type="text" value="647.97"/> |

|  |             |                   |   |  |   |                                    |
|--|-------------|-------------------|---|--|---|------------------------------------|
| B. Full Name (Last, First, Middle Initial) <b>Transaction ID : 500564254</b> <input checked="" type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |   |                                    |
| Google.com   |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |   |                                    |
| Mailing Address 1600 Ampitheater Pkwy  |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |   |                                    |
| City<br>Mountain View  | State<br>CA | Zip Code<br>94043 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |   |                                    |
| Purpose of Disbursement:<br>Software License Fees  |             |                   | Allocated Activity or Event Year-To-Date<br>84522.71  |  |   |                                    |
| Activity or Event Identifier:<br>Administrative  |             |                   | Date <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2021"/>              |  |   |                                    |
| * <input type="text"/>   |             |                   | Category/Type   |  |   |                                    |
| FEDERAL SHARE  |             | +                 | NONFEDERAL SHARE  |  | = | TOTAL AMOUNT                       |
| <input type="text" value="4.20"/>  |             |                   | <input type="text" value="15.79"/>  |  |   | <input type="text" value="19.99"/> |

|  |             |                        |   |  |   |                                    |
|--|-------------|------------------------|---|--|---|------------------------------------|
| C. Full Name (Last, First, Middle Initial) <b>Transaction ID : 500564255</b> <input checked="" type="checkbox"/> Memo Item |             |                        | Allocated Activity or Event:  |  |   |                                    |
| Microsoft Corporation  |             |                        | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |   |                                    |
| Mailing Address 1 Microsoft Way  |             |                        | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |   |                                    |
| City<br>Redmond  | State<br>WA | Zip Code<br>98052-8300 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |   |                                    |
| Purpose of Disbursement:<br>Software License Fees  |             |                        | Allocated Activity or Event Year-To-Date<br>84522.71  |  |   |                                    |
| Activity or Event Identifier:<br>Administrative  |             |                        | Date <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2021"/>              |  |   |                                    |
| * <input type="text"/>   |             |                        | Category/Type   |  |   |                                    |
| FEDERAL SHARE  |             | +                      | NONFEDERAL SHARE  |  | = | TOTAL AMOUNT                       |
| <input type="text" value="10.50"/>   |             |                        | <input type="text" value="39.50"/>  |  |   | <input type="text" value="50.00"/> |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|                                   |   |                                   |   |                                   |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| FEDERAL SHARE                     | + | NONFEDERAL SHARE                  | = | TOTAL AMOUNT                      |
| <input type="text" value="0.00"/> |   | <input type="text" value="0.00"/> |   | <input type="text" value="0.00"/> |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE        | NONFEDERAL SHARE     | TOTAL AMOUNT         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

Form A: Pappalardo Media Company. Transaction ID: 500564259. Allocated Activity: Administrative. Amounts: FEDERAL SHARE 6.30, NONFEDERAL SHARE 23.70, TOTAL AMOUNT 30.00.

Form B: Zoom.us. Transaction ID: 500564257. Allocated Activity: Administrative. Amounts: FEDERAL SHARE 155.61, NONFEDERAL SHARE 585.37, TOTAL AMOUNT 740.98.

Form C: Simmons Bank Payment Processing. Transaction ID: 500564264. Allocated Activity: Administrative. Amounts: FEDERAL SHARE 56.71, NONFEDERAL SHARE 213.35, TOTAL AMOUNT 270.06.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 56.71, NONFEDERAL SHARE 213.35, TOTAL AMOUNT 270.06.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564261**  Memo Item

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Adobe Systems, Inc.  
Mailing Address 345 Park Ave

City San Jose State CA Zip Code 95110-2704

Purpose of Disbursement: Software Licensing Fees

Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 33.38         |   | 125.59           |   | 158.97       |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564262**  Memo Item

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Best Buy  
Mailing Address 11800 Chenal Pkwy

City Little Rock State AR Zip Code 72211-3721

Purpose of Disbursement: Office Supplies

Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9.15          |   | 34.44            |   | 43.59        |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564263**  Memo Item

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Envato  
Mailing Address PO Box 16122 Collins Street

City West Victoria 8007 Australia State ZZ Zip Code 00000

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: Administrative

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14.17         |   | 53.33            |   | 67.50        |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 0.00             |   | 0.00         |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564275**  Memo Item  
**Simmons Bank Payment Processing**  
Mailing Address PO Box 84071

City Columbus State GA Zip Code 31908-4071

Purpose of Disbursement: Finance Charges

Activity or Event Identifier: **Administrative**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 369.63        |   | 1390.53          |   | 1760.16      |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564268**  Memo Item  
**Adobe Systems, Inc.**  
Mailing Address 345 Park Ave

City San Jose State CA Zip Code 95110-2704

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 33.60         |   | 126.38           |   | 159.98       |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564269**  Memo Item  
**Google.com**  
Mailing Address 1600 Ampitheater Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 84522.71

Date: 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.84          |   | 3.14             |   | 3.98         |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 369.63        |   | 1390.53          |   | 1760.16      |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
|               |  |                  |  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564270**  Memo Item

**LogMeln**

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210-1701

Purpose of Disbursement: Software License Fees

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 15.12         |   | 56.88            |   | 72.00        |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564272**  Memo Item

**PS Lightwave**

Mailing Address 5959 Corporate Dr Ste 3300

City Houston State TX Zip Code 77036-2394

Purpose of Disbursement: Telephone Equipment

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 270.10        |   | 1016.10          |   | 1286.20      |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : 500564274**  Memo Item

**Spaces Storage**

Mailing Address 1700 Brookwood Dr

City Little Rock State AR Zip Code 72202-1706

Purpose of Disbursement: Storage Facility Rental

Activity or Event Identifier: Administrative \*

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 84522.71

Date 03 / 09 / 2021

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 49.98         |   | 188.02           |   | 238.00       |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 0.00             |   | 0.00         |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Democratic Party of Arkansas

Form A: Full Name (Last, First, Middle Initial) Transaction ID : 500563557. Unum. Mailing Address 1 Fountain Sq Ste 110. City Chattanooga State TN Zip Code 37402-1304. Purpose of Disbursement: Worker's Compensation. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 03/09/2021. FEDERAL SHARE 29.98, NONFEDERAL SHARE 112.77, TOTAL AMOUNT 142.75.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : 500563562. Unum. Mailing Address 1 Fountain Sq Ste 110. City Chattanooga State TN Zip Code 37402-1304. Purpose of Disbursement: Workman's Compensation Insurance. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 03/09/2021. FEDERAL SHARE 4.65, NONFEDERAL SHARE 17.51, TOTAL AMOUNT 22.16.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : 500563548. Wallace, Micah, Darlene, . Mailing Address 102 Dogwood Ln. City Gravette State AR Zip Code 72736-9448. Purpose of Disbursement: Payroll. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Date 03/05/2021. FEDERAL SHARE 72.36, NONFEDERAL SHARE 272.20, TOTAL AMOUNT 344.56.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 106.99, 402.48, 509.47.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Democratic Party of Arkansas

A. Full Name (Last, First, Middle Initial) Transaction ID : 500563549
Wallace, Micah, Darlene,
Mailing Address 102 Dogwood Ln
City Gravette State AR Zip Code 72736-9448
Purpose of Disbursement: Payroll
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 84522.71
Date 03 / 19 / 2021
FEDERAL SHARE 72.36 + NONFEDERAL SHARE 272.20 = TOTAL AMOUNT 344.56

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date
Date
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date
Date
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 72.36, 272.20, 344.56

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))
Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 6063.44, 22810.02, 28873.46