

**POLITICAL ACTION COMMITTEE (PAC)
QUARTERLY REPORTING FORM**

To be filed with:
John Thurston, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201-1094
Phone (501) 682-5070
Fax (501) 682-3408

Calendar Year 2018
Filed: 8/13/2019 11:34:03 AM

Check if this report is an amendment

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Toll Free (800) 422-7773

| | |
|---|--|
| 1. NAME OF COMMITTEE (IN FULL) Arkansas Growth, Responsibility and Infrastructure PAC | 2. TYPE OF REPORT <input type="checkbox"/> First Quarter - due April 16 <input type="checkbox"/> Second Quarter - due July 16 <input type="checkbox"/> Third Quarter - due Oct 15 <input checked="" type="checkbox"/> Fourth Quarter - due Jan 15 |
| ADDRESS P.O. Box 255 | |
| CITY, STATE AND ZIP CODE Augusta, AR, 72006 | 3. Will PAC renew its registration for upcoming calendar year? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>NOTE: If "YES" registration renewal must be submitted with Fourth Quarter report</i> |

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|---------------------|
| 4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | \$8,575.34 | ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ |
| 5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY) | \$0.00 | \$0.00 |
| 6. TOTAL MONETARY CONTRIBUTIONS RECEIVED | \$0.00 | \$0.00 |
| 7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES | \$0.00 | \$0.00 |
| 8. ADMINISTRATIVE EXPENSES | \$0.00 | \$0.00 |
| 9. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | \$8,575.34 | ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ |
| 10. (✓) NO ACTIVITY (check if you have not received or made any contributions during this reporting period) | | |

I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

Michael John Gray (on behalf of Arkansas Growth, Responsibility and Infrastructure PAC)

Signature of PAC Officer

| | |
|---|--|
| State of Arkansas County of _____ } ss Subscribed and sworn before me this _____ day of _____, 20_____. _____ Signature of Notary Public (Legible Notary Seal) My Commission Expires: _____ | |
| <p>Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.</p> | |

**11. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED
BY COMMITTEE OVER \$500**

Please Type or Print
Use Additional Copies of this Page if Necessary

| Date | Name of Contributor | Address of Contributor | Employer/ Place Of Business | Amount Of Contribution | Cumulative Total for Year |
|--|---------------------|------------------------|--------------------------------|------------------------|---------------------------|
| | | | | | |
| 12. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | | | | \$0.00 | |
| 13. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | | | | \$0.00 | |
| 14. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (to be entered on line #6) | | | | \$0.00 | |

**15. ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED
BY COMMITTEE OVER \$500**

Please Type or Print
Use Additional Copies of this Page if Necessary

| Date of Receipt | FULL Name and Address of Contributor | Description of Nonmoney Item | Value of Nonmoney Item | Cumulative Total From This Contributor |
|---|--------------------------------------|------------------------------|------------------------|--|
| | | | | |
| 16. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | | | | \$0.00 |
| 17. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | | | | \$0.00 |
| 18. TOTAL NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | | | | \$0.00 |

IMPORTANT

In addition to monetary contributions, political action committees are required to report the receipt of any nonmoney ("in-kind") contributions. A political action committee receives an in-kind contribution whenever a person provides it with an item or service without charge or for a charge that is less than the fair market value of the item or service in question. The value of an in-kind contribution is the difference between the fair market value and the amount charged.

**19. ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES
AND COMMITTEES OVER \$50**

Please Type or Print

Use Additional Copies of this Page if Necessary

| Date | Name of Candidate/Committee To Whom Contribution Made | Address of Candidate/Committee | Election for Which Contribution was Made | Amount Of Contribution |
|---|---|--------------------------------|--|------------------------|
| | | | | |
| 20. TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD | | | | \$0.00 |
| 21. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD | | | | \$0.00 |
| 22. TOTAL MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD (to be entered on line #7) | | | | \$0.00 |

**23. ITEMIZED NONMONEY CONTRIBUTIONS MADE TO
CANDIDATES AND COMMITTEES OVER \$50**

Please Type or Print

| Date | Name and Address of Candidate/Committee To Whom Contribution Made | Election (if applicable) for which Contribution was Made | Description of Nonmoney Item | Value of Nonmoney Item |
|--|---|--|---------------------------------|------------------------------|
| | | | | |
| 24. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD | | | | \$0.00 |
| 25. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD | | | | \$0.00 |
| 26. TOTAL NONMONEY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES DURING REPORTING PERIOD | | | | \$0.00 |

27. ITEMIZED ADMINISTRATIVE EXPENSES OVER \$100

Please Type or Print

| Date | Name and Address of Supplier/Payee | Description of Expenditure | Amount of Expenditure |
|--|---|-----------------------------------|------------------------------|
| | | | |
| 28. TOTAL ITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD | | | \$0.00 |
| 29. TOTAL NONITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD | | | |
| 30. TOTAL ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD (to be entered on line #8) | | | \$0.00 |