CARRYOVER FUND REPORTING FORM

Year of Election: 2022

NOTE: The carryover fund reports of a person who ran for school district, township, municipal, or county office are required to be filed with the **county clerk** of the county in which the election was held. The carryover fund reports of a person who ran for state or district office are required to be filed with:

John Thurston, Secretary of State State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3408 For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203-1917 Phone (501) 324-9600 Toll Free (800) 422-7773

Check if this report is an amendment

Officeholder/Candidate	Information	(file stamp)		
1. Name of Officeholder/Candidate]		
Debra Buckner				
Address				
4107 Lakeshore Dr.	F	iled 02/25/25 14:14:40		
City, State, and Zip		erri Hollingsworth		
North Little Rock, Ar. 72116	501-920-1514 ^P	ulaski Circuit County Clerk		
Office	District Number			
Pulaski County Treasurer				
2. Type of Report: (check only one) This report covers what period? (01/01/24)through (12/31/24)				
☐ First Quarter (due April 15)	Fourth Quarter (due January 15)			
Second Quarter (due July 15) X Annual Report for Calendar Year 2024 (due January 31)				
☐ Third Quarter (due October 15) Closing Out of Carryover Account				
A quarterly report is due if you have expended in excess of \$500 since your last report concerning carryover funds. No report is				
required in any calendar quarter in which you have not exceeded the cumulative expenditure limit of \$500 since your last report.				
An annual report is not required if you have filed at least one quarterly report during the calendar year. A person is required to file				
a report for the calendar quarter in which he or she transfers carryover funds to his or her active campaign fund.				

SUMMARY	FOR REPORTING PERIOD	YEAR-TO-DATE
3. Balance of carryover funds at beginning of reporting period	933.70	
4. Interest (if any) earned on carryover account		
5. Reimbursement(s) of conference expenses (enter amount from line 9)		
6. Total expenditures (enter amount from line 13)	0.00	
7. Balance of carryover funds at close of		
reporting period	933.70	

reporting period	933.70	
I certify that I have examine EBBRED (Land that	to the best of my knowledge and belief	it is true, correct and complete.
NOTARY D. OLA		lug Die web
	Signati	ure of Officeholder/Candidate
Swo <u>rn to</u> and subscribed before mean Notary Pabli	c, in and for PULASKI	County, Arkansas, on thisleday of
		100- 271 20 ton-
My Commission Express COUNTY	Signati	ure of Notary
11. PREC = 20-203111		, .

Note: If faxed, notary the legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.