## **CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT** FOR DEBT RETIREMENT

Year of Election: 7024

(Note: This is the year of the election for which you are seeking to retire campaign debt)

NOTE: The campaign contribution and expenditure reports for debt retirement 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 campaign contribution and expenditure reports for debt retirement 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

(add lines 3 and 4 and then reduce that amount by line 7)

For assistance in completing this form contact: Arkansas Ethics Commission Phone (501) 324-9600 Toll Free (800) 422-7773

Check if this report is an amendment

Officeholder/Candidate Information	(file stamp)	
Name of Officeholder/Candidate		1,
TONY R. ROSE		
Address 34 Overby Circle	Li	≅ 11/18/24 15:47:35
City, State, and Zip Rock AR 72205	Phone Number	= 11,10,24 13:47:35 ri Hollin⊜sworth ≥ski Circuit County Clerk
Office Held/Office Sought	District Number	
LRSD Board	7	
	overs what period? (69/01/	24 through (11/05/24)
☐ First Quarter (due April 15)	Quarter (due October 15)	
☐ Second Quarter (due July 15) ☐ Four	th Quarter (due January 15)	•
A quarterly report is due if you have received in excess of \$500	since your last report concerning carr	paign debt. No report is required
for any calendar quarter in which you have not exceeded the cu	mulative contribution limit of \$500 si	nce your last report. For example,
if you receive contributions in the amounts of \$250 and \$300, r	espectively, in the first and second qu	arters, then you trigger the
reporting requirement in the second quarter because you crosse	ed the \$500 threshold in that quarter.	Note, however, that you are
required to disclose the \$250 in contributions you received in the	ne first quarter.	
SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTAL
3. Amount of Campaign Debt to be Retired	Riff. 73 D	1R44.73 0
4. Total Loans (enter amount from line 10)	100,00	100.00
5. Total Monetary Contributions (enter amount from line 14)	1429.49	1248.49
6. Total Expenditures (enter amount from line 18)	1381.76	1381.76
7. Total Amount of Debt Retired During Reporting Period (enter amount from line 19)	46.73	44.73
8. Balance of Campaign Debt at Close of Reporting Period	R9000 53.V	53.27

I certify that I havenessee the Report, and that to the best of my knowledge and belief it is true, confect, and complete. PRAIRIE COUNTY NOTARY PUBLIC - ARKANSAS My Commission Expires March 11, 2034 Commission No. 12398281 Signature of Officeholder/Candidate tulasu Sworn to and subscribed before me, a Notary Public, in and for NOVLIMEN\_\_\_\_. 20 County, Arkansas, on this My Commission Expires: MULL

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original paust follow within ten (10) days. Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

### 9. LOAN INFORMATION

Please Type or Print Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
Syst 24	TONY ROSE 34 Overby Cirk, LRAR 7229		100.00
· · · · · · · · · · · · · · · · · · ·			
	10. TOTAL LOANS I	OURING REPORTING PERIOR	\$ 100.00

### **IMPORTANT**

If it is necessary for the candidate to loan the campaign money in order to conduct debt retirement activities, those loans should be reported here.

# 11. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please type or print (Use additional copies of this page if necessary)

Date	Full Name And Mailing Address Of Contributor	Place of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total from this Contributor
		W. 1.		
		·		
·				
12. TOT	TAL ITEMIZED MONETARY CONTRIB	UTIONS OVER \$50	7357.15	1307.15 121.34 1428.49
	TAL NONITEMIZED MONETARY CONT TAL MONETARY CONTRIBUTIONS TH		R-89.74	121 Dec
	udes totals from lines 12 and 13)	is repuri	1396.89	1428,49

## 15. ITEMIZED EXPENDITURES OVER \$100

Please type or print

(Use additional copies of this page if necessary)

Name and Address of Supplier/Payee	Description of Expenditure	Date of Expenditure	Amount of Expenditure
PivesCity 7691 North Show	printing	275pt 24 220st 24	353.76
US Post Office GOS G CERP TOIL	pes tage	2200 24	925.40
16. TOTAL ITEMIZED EXPENDITURES THIS REPORT			1279.16
17. TOTAL NONITEMIZED EXPENDITURES THIS REPORT			1279.60
18. TOTAL EXPENDITURES THIS REPORT (includes lines 16 and 17)			1381.74
19. TOTAL AMOUNT OF DEBT RETIRED DURING REPORTING PERIOD*  *This amount includes payments on (i) the balance of campaign debt at the beginning of the reporting period and (ii) loans made during the reporting period.			46.73

## 11. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please type or print (Use additional copies of this page if necessary)

Date	Full Name And Mailing Address Of Contributor	Place of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total from this Contributor
16 Squt 24	Dancel Horris 2506 Drexelwood Dr. Springclale, AR 72762	physician 609 W Maple Springgale 7 200	1,008.00	1000.00
	Will Allved 3635 Heatherstone Dr Fayette ville AR 72764	Notesbor Northwest ACC I College Dr. Bentonylle 727	100.00	100,00
900724	Mike Nielson 1900 5 pst 5t. Des Moines, IA 50310	Systam Support 2910 Ulestown West DosMonesia 80266	52.73	52.13
"Oot t	Marin Bonney 34 Pine Marior Little Packe 72207	professor UALR 2861 S. University ETAS 30014 Little Rok, MP7220	104.42	104.42
er Sept 24	Michael Rhode 3900 7th St S. Arlington, VA 2220e	archivist US Nayy's Bureau of Medit surgery 7700 Holington Ste. 5113	50,∞	5200
		Falls Chevery Vog		
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		ontributions This Page	R	1307.15