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Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Manth, Day, Year)	Status Covered by Report Nor	Termination Termination Date (If Applination of Cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file
01/29/2007	Boxes)		this report and does so more than 30 days after the date the report is required to be
Reporting	Last Name	First Name and Middle Initial	filed, or, if an extension is granted, more than 30 days after the last day of the
Individual's Name	Huckabee	Michael D.	filing extension period, shall be subject to a \$200 fee.
Position for Which	Title of Position	Department or Agency (If Applicable)	to a \$200 fee.
Filing	Presidential Candidate		Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and Zli Code)	Telephone No. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	124 West Capitol, Suite 1200, Little Rock, AR 72201	(501) 324-2008	where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held		SEC. PART TO THE PROPERTY AND A SEC. OF THE PARTY AND
Government During the Preceding 12 Months (If Not Same as Above)			Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends
Providential Naminaes Subject	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust?	at the date of termination. Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	Not Applicable	Yes ** No	Nominees, New Entrants and
			Candidates for President and Vice President:
Certification	Signature of Reporting Individual	Date (Month, Day, Year)	
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	/ Maleled A. Hundelm	My 13, 2007	Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer	Date (Month, Day, Year)	as of any date you choose that is within 31 days of the date of filing.
agency)	Jaming Leting	7/16/07	Schedule BNot applicable. Schedule C. Part I (Liabilities)The
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing O	fficial Date (Month, Day, Year)	reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		7/18/07	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature	Date (Month, Day, Year)	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or
Use Only	Hat & Couls	10/12/-7	arrangements as of the date of filing. Schedule D The reporting period is
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sh	eet)	the preceding two calendar years and
* Additional Morn	nation provided to		the current calendar year up to the date of filing.
FEL by candidas	e cm 6/28/07 (Check box If filling external	nsion granted & indicate number of days ————)	
Reviewed for	Apparent C. II		Agency Use Only
with the Federal	Apparent Compliance	Sμ:II Δ SI YAM ΓΟΟΣ	Received by FEC on 5/15/07
** Additional in format	Election Campaign Act		OGE Use Only
condidate's account		hox If comments 9th programmed on the reverse side)	1111
on Oct 3, 2015 1, A	575	OFFICE OF GENERAL	JUL 2 3 2007

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pr va in in wi Fo an th re in ac	roduction due except period income ith such or yours mount of an from port the come of the	your spouse, and dependent children ich asset held for investment or the not income which had a fair marke edding \$1,000 at the close of the report d. or which generated more than \$200 e during the reporting period, togethe income. self, also report the source and actual fearned income exceeding \$200 (other the U.S. Government). For your spouse e source but not the amount of earner fmore than \$1,000 (except report the tount of any honoraria over \$200 ouse).	r less than \$1,001)			\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Inferest	Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000			\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., E Yr.) Only Honora
		Central Airlines Common	1-	-	×	×								4			1	x	Ţ	Į.	_	_	x									Luw Partnership	
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		IRA: Heartland 500 Index Fund	+-	-	-	-	Ê	-	×	-	- 1		- +	\dashv	×	-	ᅡ	- -	+	†-	-	-	-	-	x	-	-						
1	State of	f Arkansas															1	T														Salary \$74,145	
2	12 Stop	os, Inc.		1		-														1												Salary \$40,000	
3	State o	defined benefit I Arkansas vension Plan come																			;					*						Pension \$14,101	
4		ey market amount g Associates: Wachovia Bank		×															>	(×											
5	check Twin Ci	king account			×														>	1			×										
б	Sev (as Federal Credil Union Little North		×															>	(×						St	:	1	A		I YAM TU	

5-1	teporting Individual's Name Uckabee, Michael D.				_				5	S C			U se c							ied	1					v.				٨	Pag	e Number 3 of	10
	Assets and Income		a			ati of						d					Ir	nec	kec	e: t	уре	ar the	nd a	imo	un 'is	t. If	"N	lon d i	e (e n B	or I	ess k C	than \$20 for that i	1)" is tem.
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	j.	None (or less than \$1 001)	\$15,000	1 -	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,000 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	Proctor & Gamble - Stock					×											×				_			×							1		
2	Home Bancshares				×												×					×						·					
3	Troufion Radio Network: S-Corp. Shareholder Radio Programming; Little Rock, AR	ŀ		** X																											100	Bus. Inc. \$9,657	
d	Annuity Board Southern Baptist Convention E	zuity				×								×											×								
5	401(k): Evergreen US Govl MM Fund Class A			×										×									×										
6	Spouse IRA: MM Assets Inc Class A		×				Ε.							×								×											
7	Spouse IRA: Washington Mutual Inv. Fund C		×	ka										×									×					,					
8	Flagship Global Health - Stock			×																	×										1		
q	12 Stops, Inc.: S-Corporation Shareholder Publishing/Communications - See Detail Below	w			×																					De S							
	* This category applies only if the asset/incompy the filer with the spouse or dependent of	me is s	olely	tha	it of	the	filer	's sp	ous	e or	dep	end	ent	chil	drer	n. If	the	asso	et/ir	ncon	ne is	citl	ner t	hat	of th	ne fi	ler (or jo	ointl	y he	ld		

1	Reporting Individual's Name uckabee, Michael								5	SC) U se c							ied	1										Pag	e Number	10
	Assets and Income		a	V t cl	a l u lose	ati of	ion rep	of ort	As	se pe	ts rio	d					In	nec	m kec	e: t	ype	ar the	nd a	ntry	un / is	t. If	"N	oned in	e (d	or loci	ess k C	than \$20 for that i	1)" is tem.
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		None (or less than \$1,001)	1 - \$15,000	\$15,001 - \$50,000		\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000		\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		\$50,001 - \$100,000	\$100,000 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	12 Stops, Inc.; Coral Ridge Presbyterian Church	ŀ																														Book Sales \$700	
2	12 Slops, Inc.: The Cooper Institute																	·								•						Honoraria \$2,500	03/30/2006
3	12 Stops, Inc.: The Cooper Institue																															Book Sales \$599	
4	12 Stops, Inc.: Hope for America Political Action Committee	е																														Book Sales \$7,770	
5	12 Slops, Inc.: Crystal Cathedral			-																									,			Book Sales \$4,070	
G	12 Stops, Inc.: McBride Agency: Book Royalties																															Royallies \$148,750	
7	12 Stops, Inc.: Ankeny Free Church																															Honoraria \$1,500	09/10/2006
8	12 Stops, Inc.: Thomas Road Baptist Church																															Honoreria \$2,500	10/01/2006
q	12 Stops, Inc.: Liberty University																											19/1-				Honoraria \$500	10/02/2006
	 This category applies only if the asset/in by the filer with the spouse or depender 	come is s it childre	olely n, m	y tha	at of the o	the othe	filer r hi	's sp gher	cat	se or egor	dep	end of va	ent e	chil as a	drer	n. If	the	ass	et/ir	соп	ne is	eitl	ner t	hat	of th	he fi	er o	or jo	intl	y he	ld		

	Reporting Individual's Name luckabee, Michael									5	SC	HI		U se c							ie	d										Pag	e Number 5 of	10
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	Assets and Income			at	Va cle	al u	ati of	i o n	ort	As	s e	ts rio	d					Ir c)	100	kec	e: t	ype o o	the	id a	mo	un 'is	t. II	"N	lon d i	e (d	or l	ess k C	than \$20 for that i	1)" is tem.
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			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000		\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	12 Stops, Inc.: International Speaker's Burea CA Association of Health Plans	9U -																															Honoraria \$17,000	10/20/2006
2	12 Slops, Inc.: Washington Policy Center																																Honoraria \$10,000	09/26/2006
3	12 Slops, Inc.: National Association of Music Manufacturers	s																															Consulting \$40,000	
4	12 Slops, Inc.: International Speaker's Bure Public Health Institute	au -																															Honoraria \$13,000	01/16/2007
5	12 Stops, Inc.: Castle Partners											. *		·																			Honoraria \$15,000	07/05/2006
6	12 Stops, Inc.: International Speaker's Bure Grant Makers in Health	au -																															Honoraria \$4,000	02/16/2007
7	12 Stops, Inc.: International Speaker's Bure Novo Nordisk	au -														:																	Honoraria \$17,500	03/01/2007
8	12 Stops, Inc.: Keppler Speakers - Utah League of Cities & Towns																																Honoreria \$10,000	04/12/2007
q	12 Slops, Inc.: Prestonwood Baptist Church						27																									i	Honoraria \$1,500	01/15/2006
	 This category applies only if the asset/in by the filer with the spouse or dependen 	come is	s sol	ely	tha irk t	t of he c	the	filer r hiş	's sp gher	cate	e or egor	dep ies o	end f va	ent d	chil as a	drer appr	. If	the	ass	et/ir	con	ne is	eith	ner t	hat	of th	ne fi	ler o	or jo	inti	y he	ld		

1	Reporting Individual's Name Huckabee, Michael									5	SC)U							ue	d										Pag	ge Number 6 of	10
	Assets and Income			at	Va	lu	of	rep	of ort	ing	se pe	ts	d					I	nco	o m	e: t	yp(e ar the	nd a	ntry	oun y is	ne	obs	Von	e (o	or l	ess k C	than \$20 for that)1)" is item.
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			None (or less than \$1,001)		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	000'000'55 - 100'000'15	55,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	55,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	51,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	12 Stops, Inc.: International Speaker's Bure. Novo Nordisk	au -									*																						Honoraria \$17,500	03/12/2007
2	Institute for Health & Productivity	au -									•																						Honoraria \$13,000	03/22/2007
3	Washington University	au -																															Honoraria \$13,000	04/04/2007
4	Spouse: American Red Cross			-																													Salary	
5																																		
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	* This category applies only if the asset/in by the filer with the spouse or dependen	come is	solo	ely ma	that	of t	he i	filer his	's sp	cate	e or	dep	oend of v	lent olue.	chil	ldre	n. II	the	ass	et/i	ncor	ne i	s eitl	her t	hat	of t	he fi	ler	or jo	ointl	y he	ld	¥	

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Huckabee, Michael D.	SCHED	UL	E B	3								Page	Numt		1.0		
												+		-			\dashv
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None	П									Ì					-
by you, your spouse, or dependent	property used solely as your personal	_		. 1							Service Control	_			_		\dashv
children during the reporting period of real property, stocks, bonds, commodity		Tra	nsact ype (:	x)		-			Amo	ount o	f Tra	nsac	_		7	_	_
futures, and other securities when the amount of the transaction exceeded \$1, Include transactions that resulted in a l		Purchase	9	Exchange	Date (Mo., Day, Yr.)	51,001 - \$15,000	\$15,001 -	000,00	50,000	\$250.001 -	000,000	\$1,000,000	\$1,000,000 \$5,000,000	\$25,000,001	0,000,000	\$50,000,000	Certificate of divestiture
Identi	fication of Assets	- 3	Sale	ũ		SIS	SS	SS	22	SS	Sis	34	55.	\$2	\$25	38	őő
Example Central Airlines Common	*	х			2/1/99		_	x	-		_	4			-	-	_
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	asset is solely that of the filer's spouse or dependent childre the spouse or dependent children, use the other higher categ						ield					-					
Part II: Gifts, Reimbur	rsements, and Travel Expense	es										1					
tion, and the value of: (1) gifts (such as food, or entertainment) received from o (2) travel-related cash reimbursements than \$260. For conflicts analysis, it is he as personal friend, agency approval und	tangible items, transportation, lodging, one source totaling more than \$260, and received from one source totaling more the do elipful to indicate a basis for receipt, such der 5 U.S.C. § 4111 or other statutory for other than the down of the dow	ed from endent nor's alue f	m re of t resid	lative heir lence one s	given to yo es; received relationshi . Also, for source, excl	by y p to y purp	our : ou; oses	spou or pr of ag	se or ovid ggreg	r dep led as gating	end s per g gif	ent rson ts to	child al ho det	tota ospit ermi nstr	ally ality ine ti	at ne	
Source (Name and Address)		Bı	ief D	escrip	otion				41						V	alue	
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to nation Leather briefcase (personal friend)	al confe	rence	6/15	/99 (personal	activi	ty un	relate	d to d	luty)	_	4			-	000	
1	council orientate (betavial intent)									7.		1				2000	
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FOR THE PROPERTY OF THE PROPE

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Huckabee, Michael D.				SC	HED	ULE se only	B C	ont	inu	ıed							Page	Numb 8	er B of	10	
Part I: Transactions	;				(0.	only			,												
							Τr	ansaci Type (ion			7		Am	ount	of Tr	ansa	ction	(x)		
							Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 -	5,001 -	\$100,000	- 100,00	- 100,00	. 100,000,	.000,000-	- 1000,000,	5,000,000	5,000,001	Over \$50,000,000 Certificate of
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SF 278 (Rev. 03/2000)	
5 C.F.R. Part 2634	
U.S. Office of Government	Ethics

First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. x	\$25,000,000 \$25,000,000 - \$50,000,000 \$50,000,000
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude Term First District Bank, Washington, DC John, Jones, 123 JSn., Washington, DC John, Jones, 123 JS	\$25,000,000 \$25,000,001 - \$50,000,000 \$50,000,000
First District Bank, Washington, DC John Jones, 123 JSL, Washington, DC Promissory note 1999 10% on demand 2 x x 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	25 88 85
John Jones, 123 JSL., Washington, DC Promissory note 1999 10% on demand x 1 2 2 2 3 4 4 5 5 5 5 7 6 7 7 7 7 7 7 7 7	
*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate. Part II: Agreements or Arrangements Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuating of negotiations for any of these arrangements or benefits.	1 1
*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate. Part II: Agreements or Arrangements Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuating of negotiations for any of these arrangements or benefits.	
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Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuating of negotiations for any of these arrangements or benefits.	
	report- None
Status and Terms of any Agreement or Arrangement Parties	Date
Example Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00. Doe Jones & Smith, Hometown, State	7/85
Pension State of Arkansas	1993
² 401(K) Plan 12 Stops, Inc.	Dec
Retirement Annuity Annuity Board of the Southern Baptist Convention	0ec 1980
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6	

	porting Individual's Name Ickabee, Michael D.		SCHEDULE D		Page Number	of 10
Re	art I: Positions Held (port any positions held during the ap ted or not. Positions include but are n ustee, general partner, proprietor, rep y corporation, firm, partnership, or o	plicable reporting period, whethe ot limited to those of an officer, o resentative, employee, or consult	er compen- director, social, fraternal, or political ant of nature.	institution. Exclude position entities and those solely of an	honorary	s,
	Organization (Name a	and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)
·	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
EXI	Doe Jones & Smith, Hometown, State		Law firm	Partner:	7/85	1/00
1	The Cooper Institute, Dallas, TX		Non-profit: Health Awareness & Research	Board Member	11/2005	Present
2	Flagship Global Health, New York, NY		Corporation: Medical Networking	Board Member	09/2005	Present
3	Education Commission of the States, Denve	er, CO	Non-profit: Education & Public Policy	Board Member/Chairman	07/2004	07/2006
4	12 Stops, Inc., Little Rock, AR		Corporation: Publishing/Communications	Officer	10/2004	Present
5	National Governors Association, Washington	on, D.C.	Governors Association	Chairman	07/2005	07/2006
б	State of Arkansas		State Government	Governor	07/1996	01/2007
Rebu	art II: Compensation eport sources of more than \$5,000 consiness affiliation for services provides e reporting period. This includes the imporation, firm, partnership, or other	mpensation received by you or yo d directly by you during any one names of clients and customers o	year of you directly provided the fany services generating a fee or	payment of more than \$5,000.	tion Filer, o dential Can You	r Vice
	Source (Name and	(Address)	Brid	ef Description of Duties		
Ex	Imples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Sr	nith), Moneytown, State	Legal services Legal services in connection with university constr	uction		
1						
2						
3						
4		m :				
5						
6						