BALLOT QUESTION FINANCIAL REPORT OF INDIVIDUAL, PUBLIC SERVANT OR GOVERNMENTAL BODY

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

FILED
OCT 16 2012
ARKANSAS ETHICS COMMISSION
BY_____

☐ Check if this report is an amendment to a previously filed report

1. NAME OF INDIVIDUAL, PUBLIC SERVANT, OR GOVERNMENTAL BODY FILING REPORT	2. TYPE OF REPORT
JOHN F MONTGOMERY	
ADDRESS: 1706 ASHBRIAR DRIVE	☑ Monthly Report (due 15 days after end of month)
	☐ Preelection Report (due 7 days before election)
	☐ Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE: MOUNTAIN HOME, AR 72653	
TELEPHONE NUMBER: 870-424-4496	

This report covers period: (09 - 01 - 12) through (09 - 30 - 12)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	-0-	1595.67

4. (X) NO ACTIVITY Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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.

Signature of Individual, Public Servant, or Agent of Governmental Body

State of Arkansas
County of BAXTER } ss

Subscribed and sworn before me this 15th day of October, 2012.

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 4-21-2015

MARYANNE EDGE
Baxter County
My Commission Expires
April 21, 2015

Revised 05/05

5. ITEMIZED EXPENDITURES OF $100 OR MORE

Please Type or Print

Use Additional Copies of this Page if Necessary

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

Revised 05/05

ITEMIZED EXPENDITURES OF $100 OR MORE

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

6. TOTAL ITEMIZED EXPENDITURES	-0-
7. TOTAL UNITEMIZED EXPENDITURES	
8. TOTAL EXPENDITURES **(to be entered on line #3)**	-0-

Revised 05/05