

BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)

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

| | | |
|--|--|---|
| 1. NAME OF COMMITTEE (IN FULL) <i>The Ozark Tea Party</i> | | 2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) *NOTE: Preelection report must be received by the Ethics Commission on or before due date. |
| ADDRESS <i>97 Marian Way</i> | | |
| CITY, STATE AND ZIP CODE <i>Mountain Home, AR 72653</i> | | |
| TELEPHONE NUMBER <i>870-404-6664</i> | | |

This report covers period: *(9-1-12)* through *(9-30-12)*

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | <i>\$469.79</i> | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | <i>\$50.00</i> | <i>\$50.00</i> |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | <i>\$477.11</i> | <i>\$1,047.98</i> |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | <i>\$42.68</i> | |

7. () 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.

Richard A. Lewis
Signature of Ballot Question Committee Officer

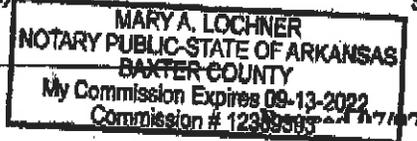
State of Arkansas
County of *Baxter* ; ss

Subscribed and sworn before me this *1st* day of *October*, 20*12*

(Legible Notary Seal)

Mary A. Lochner
Signature of Notary Public

My Commission Expires



BALLOT QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9800
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

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

| | |
|---|--|
| 1. NAME OF COMMITTEE (IN FULL) <i>The Ozark Tea Party</i> | 2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) |
| ADDRESS <i>97 Marian Way</i> | *NOTE: Preelection report must be received by the Ethics Commission on or before due date. |
| CITY, STATE AND ZIP CODE <i>Mountain Home, AR 72653</i> | |
| TELEPHONE NUMBER <i>870-404-6664</i> | |

This report covers period: (9-1-12) through (9-30-12)

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | \$469.79 | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | \$50.00 | \$50.00 |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | \$477.11 | \$1,047.78 |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | \$92.68 | |

7. () **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.

Richard A. Tamm
Signature of Ballot Question Committee Officer

State of Arkansas
County of Baxter) ss

Subscribed and sworn before me this 1st day of October, 2012

Mary A. Lochner
Signature of Notary Public

(Legible Notary Seal)

MARY A. LOCHNER
NOTARY PUBLIC-STATE OF ARKANSAS
BAXTER COUNTY
My Commission Expires 09-13-2022
Commission # 12388393

My Commission Expires _____

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

Estimated Fair Market Value If Over \$50
 (Does not include volunteer services by individuals)

| Date of Receipt | Name of Contributor | Street Address of Contributor | Description and Value of Nonmoney Item | Cumulative Total from this Contributor |
|---|---------------------|-------------------------------|--|--|
| | N/A | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE | | | | |
| 16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS | | | | |
| 17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (Includes totals from lines 15 and 16) | | | | |

IMPORTANT

In addition to monetary contributions, committees should report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides the committee 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.

