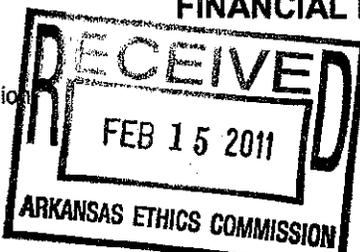


## LEGISLATIVE QUESTION COMMITTEE FINANCIAL REPORT

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> Bentonville Committee for Educational Excellence	
<b>ADDRESS</b> 1702 East Central	<b>2. TYPE OF REPORT</b> <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
<b>CITY, STATE AND ZIP CODE</b> Bentonville, AR 72712	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>TELEPHONE NUMBER</b>	

This report covers period: ( 01 - 01 - 2012 ) through ( 01 - 31 - 2012 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 9,936.57	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$ 100.00	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 285.50	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 9,751.07	

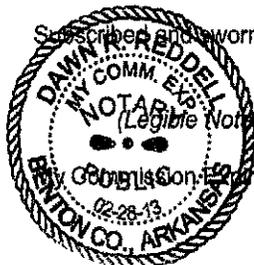
7. ( ) **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

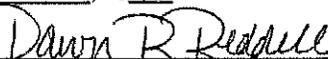
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

  
 \_\_\_\_\_  
 Signature of Legislative Question Committee Officer

State of Arkansas }  
 County of Benton } ss

Subscribed and sworn before me this 15<sup>th</sup> day of February, 2012.



  
 \_\_\_\_\_  
 Signature of Notary Public

My Commission Expires 2/28/13





**ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF \$50 OR MORE**  
Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>				<b>\$100.00</b>
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>				
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (Includes totals from lines 9, 11, and 12)				<b>\$100.00</b>

**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
<b>15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE</b>				
<b>16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS</b>				
<b>17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> (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.



**ITEMIZED EXPENDITURES MADE BY COMMITTEE 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
<b>19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>			<b>\$285.50</b>	
<b>20. TOTAL UNITEMIZED EXPENDITURES</b>				
<b>21. TOTAL EXPENDITURES THIS REPORT</b> (includes totals from lines 19 and 20)			<b>\$285.50</b>	