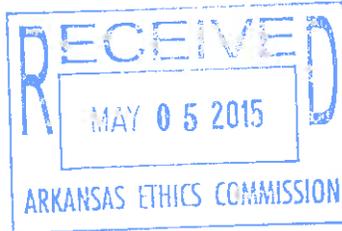


### BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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>Repeal 2223</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)  <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
ADDRESS <i>P O Box 126</i>		
CITY, STATE AND ZIP CODE <i>Eureka Springs, AR 72632</i>		
TELEPHONE NUMBER <i>479-253-2845</i>		

This report covers period: (05 -01 -15) through (05 -02 -15)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>\$1862.26</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>-0-</i>	<i>10,153.00</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>100.00</i>	<i>8,390.74</i>
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>\$1762.26</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.

*[Signature]*  
Signature of Ballot Question Committee Officer  
*Sherry M. Wilson*  
Secretary-Treasurer

State of Arkansas ) ss  
County of *Crawell*

Subscribed and sworn before me this *5<sup>th</sup>* day of *May*, 2015.

(Legible Notary Seal)

*[Signature]*  
Signature of Notary Public

My Commission Expires *1-17-2017*

Revised 12/2013

LANA WILSON  
NOTARY PUBLIC-STATE OF ARKANSAS  
MADISON COUNTY  
My Commission Expires 01-17-2017  
Commission # 12358621



**ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE**

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>					00-
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					00-
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)					00-

**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**

(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 NONMONEY CONTRIBUTIONS THIS REPORT</b>			-0-	

**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.



