

**BALLOT QUESTION COMMITTEE (BQC)  
STATEMENT OF ORGANIZATION**

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**

AUG 12 2014

ARKANSAS ETHICS  
COMMISSION

BY TE

Check if this is an amendment to a previously filed statement of organization

**Section One: BQC Name**

Name of BQC (in full): Conway County LEGAL BEVERAGE Association Action Fund

**Section Two: BQC Address & Phone Number**

If BQC has no office address, use the address of the BQC officer authorized to receive notices on behalf of the BQC.

Address: 10 FISH LAKE ROAD  
City: ATKINS, AR State AR Zip 72823 Telephone Number 501-354-8041

**Section Three: BQC Officers and Directors**

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the BQC.

Name: JERRY WEEKS Title: CHAIR  
Address: 10 FISH LAKE ROAD City: ATKINS State: AR Zip: \_\_\_\_\_  
Telephone Number: 501-354-8041

Name: MIKE ANDREWS Title: TREASURER  
Address: 10 FISH LAKE ROAD City: ATKINS State: AR Zip: \_\_\_\_\_  
Telephone Number: 501-354-8041

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Section Four: Financial Information**

Provide the name and address of each financial institution in which the BQC deposits money or anything else of monetary value.

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Five: Members**

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section Six: Brief Statement**

Provide a brief statement identifying the substance of each ballot question as to which the BQC will expressly advocate the qualification, disqualification, passage, or defeat, and, if known, the date each ballot question shall be presented to a popular vote at an election.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8/12/2014

Date

  
Signature of BQC Officer