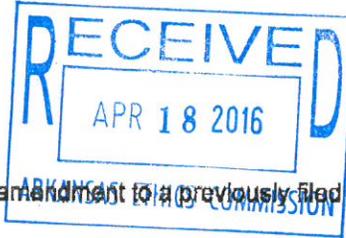


### BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)<br><u>Repeal Property Code 105-2</u> |   |
| ADDRESS<br><u>438 E. Millsap Road Ste. 103</u>                      | 2. TYPE OF REPORT<br><input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month)<br><input type="checkbox"/> Preelection Report (due 7 days before election)*<br><input type="checkbox"/> Final Report (due 30 days after election) |
| CITY, STATE AND ZIP CODE<br><u>Fayetteville, AR 72703</u>           | *NOTE: Preelection report must be received by the Ethics Commission on or before due date.  |
| TELEPHONE NUMBER<br><u>479-443-3700</u>                             |   |

This report covers period: ( 3 - 1 - 16 ) through ( 3 - 31 - 16 )

| SUMMARY  | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD             | 2,132.05             |                   |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | + 1,500.00           | 6,655.00          |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD               | - 332.00             | 3,354.95          |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD                 | 3,300.05             |                   |

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.

Paul Fowler - Secretary  
Signature of Ballot Question Committee Officer

State of Arkansas  
County of Craighead SS

Subscribed and sworn before me this 18th day of April, 2016  
Staci L. Blankenship  
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 12/17/22

OFFICIAL SEAL - #12390933  
**STACI L. BLANKENSHIP**  
NOTARY PUBLIC-ARKANSAS  
CRAIGHEAD COUNTY  
MY COMMISSION EXPIRES: 12-17-22





**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 |
|---|---------------------|-------------------------------|---------------------------------------|------------------------|--|
|   |                     |                               |                                       |                        |  |
|   |                     |                               |                                       |                        |  |
|   |                     |                               |                                       |                        |  |
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|   |                     |                               |                                       |                        |  |
|   |                     |                               |                                       |                        |  |
|   |                     |                               |                                       |                        |  |
| <b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>                                  |                     |                               |                                       |                        | 1500.00                                |
| <b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>  |                     |                               |                                       |                        | 0                                      |
| <b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b><br>(Includes totals from lines 9, 11, and 12) |                     |                               |                                       |                        | 1500.00                                |

**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 |
|---|---------------------|-------------------------------|--|--|
|   |                     |                               |  |  |
|   |                     |                               |  |  |
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|   |                     |                               |  |  |
|   |                     |                               |  |  |
| <b>15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> |                     |                               |  |  |

**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.





