

**LEGISLATIVE QUESTION COMMITTEE (LQC)
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 07 2012

ARKANSAS ETHICS
COMMISSION

BY _____

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

Section One: LQC Name

Name of LQC (in full): Keep Building Little Rock's Future

Section Two: LQC Address & Phone Number

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

Address: 1818 N. Taylor St. #242

City: Little Rock State AR Zip 72207 Telephone Number _____

Section Three: LQC Officers and Directors

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

Name: Mayor Mark Stodola *Mark Stodola* Title: Co-Chair
Address: 5200 Grandview City: LR State: AR Zip: 72207
Telephone Number: _____

Name: Vice Mayor Dr. Dean Kumpuris *Dean Kumpuris* Title: Co-Chair
Address: 1809 Beechwood Street City: LR State: AR Zip: 72207
Telephone Number: 501-663-1807

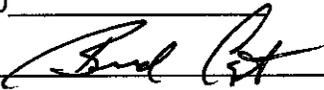
Name: City Director Erma Hendrix *Erma Hendrix* Title: Co-Chair
Address: 921 West Roosevelt Road City: LR State: AR Zip: 72206
Telephone Number: 501-375-2216

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____

Name: City Director Stacy Hurst *Stacy Hurst* Title: Co-Chair

Address: 2422 Country Club Lane _____ City: LR State: AR Zip: 72207

Telephone Number: 501-975-2730 _____

Name: City Director Brad Cazort  Title: Co-Chair _____

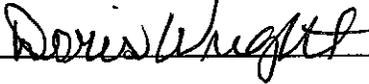
Address: 8200 Alvin Lane _____ City: LR State: AR Zip: 72227

Telephone Number: (501) 223-2850 _____

Name: City Director Lance Hines  Title: Co-Chair _____

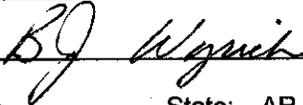
Address: 409 Wellington Woods Loop _____ City: LR State: AR Zip: 72211

Telephone Number: (501) 257-0993 _____

Name: City Director Doris Wright  Title: Co-Chair _____

Address: 3705 Cobb Street _____ City: LR State: AR Zip: 72204

Telephone Number: (501) 565-6215 _____

Name: City Director B.J. (Brenda) Wyrick  Title: Co-Chair _____

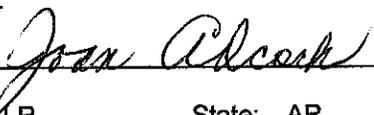
Address: 11001 Alexander Road City: Mabelvale State: AR Zip: 72103

Telephone Number: 501-455-4701 _____

Name: City Director Gene Fortson  Title: Co-Chair _____

Address: 133 Hickory Creek Circle City: LR State: AR Zip: 72212

Telephone Number: 501-868-4664 _____

Name: City Director Joan Adcock  Title: Co-Chair _____

Address: 6808 Mabelvale Pike City: LR State: AR Zip: 72209

Telephone Number: 501-565-6098 _____

Name: Gary Smith _____ Title: Treasurer _____

Address: _____ City: LR State: AR Zip: 72205

Telephone Number: _____

Section Four: Financial Information

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

Name of Financial Institution: Regions Bank

Address: 4224 W Markham St City: LR State: AR Zip: 72205

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 legislative question as to which the LQC will expressly advocate the passage or defeat, and, if known, the date each legislative question will be presented to a popular vote at an election.

The committee will advocate for the passage of two ballot issues to be voted on by Little Rock residents concerning street improvement bonds and drainage improvement bonds. The election will occur on Tuesday, September 11, 2012.

8-6-12
Date


Signature of LQC Officer