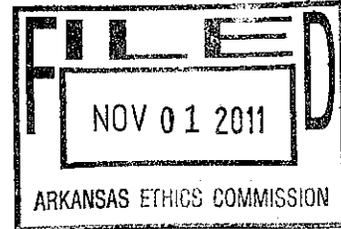


LEGISLATIVE QUESTION COMMITTEE FINANCIAL REPORT

(Arkansas Ethics Commission File Stamp)

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606



Check if this report is an amendment to a previously filed report

1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em; font-family: cursive;">Promises Made/Kept Campaign Committee</p>	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)
ADDRESS <p style="font-size: 1.2em; font-family: cursive;">PO Box 5288</p>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE <p style="font-size: 1.2em; font-family: cursive;">NORTH Little Rock, AR 72119</p>	
TELEPHONE NUMBER <p style="font-size: 1.2em; font-family: cursive;">501-372-5959</p>	

This report covers period: (10 - 11 - 11) through (11 - 01 - 11)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	- 0 -	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	49,600 ⁰⁰	49,600 ⁰⁰
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	23,284.93	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 26,315.07	

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 PULASKI } ss

Subscribed and sworn before me this 1ST day of NOVEMBER, 2011.

BRENDA EDEN
Arkansas - Pulaski County
Notary Public Comm # 12372354
My Commission Expires Aug 30, 2019
My Commission Expires 8/30/2019

Signature of Notary Public

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

Please Type or Print
Use Additional Copies of this Page if Necessary

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
10/11/11	Stephens Investments Holdings	111 CENTER ST.	15,000.00	15,000.00
10/13/11	FRANK FLETCHER JR.	808 SILVERWOOD TR	10,000.00	25,000.00
10/13/11	Coulson Oil	1434-38 PIKE AVE	5,000.00	30,000.00
10/13/11	JACKSON LAW FIRM	58 CARMEL DR	500.00	30,500.00
10/17/11	McClelland Consulting Eng.	900 W. MARKHAM	1,500.00	32,000.00
10/17/11	John Gauvin	301 MAIN ST, Ste. 202	5,000.00	37,000.00
10/17/11	TENENBAUM Recycling Group	4500 W. BETHANY	10,000.00	47,000.00
10/19/11	NLR CHAMBER OF Commerce	100 MAIN ST.	1,000.00	48,000.00
10/28/11	Wallis Blair Allen Jr.	4710 Crestwood DR.	100.00	48,100.00
10/28/11	NLR CHAMBER OF Commerce	100 MAIN ST.	1,000.00	49,100.00
10/28/11	Clayton Engineering	5317 JFK BLVD.	250.00	49,350.00
10/28/11	BELL & Co.	4504 BURROW DR.	250.00	49,600.00

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
10/15/11	Hyde Family LLC	208 N. BEECH	HEADQUARTERS	\$947 ⁰⁰
10/13/11	GOLDEN CORRAL	5001 WARDEN RD	FOOD PROVIDED FOR LUNCHEON	\$420 ⁰⁰
15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE				\$1367 ⁰⁰
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				- 0 -
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (includes totals from lines 15 and 16)				\$1367 ⁰⁰

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
19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			\$23,284.93	
20. TOTAL UNITEMIZED EXPENDITURES			-0-	
21. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 19 and 20)			\$23,284.93	