LEGISLATIVE 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)

FILED
JUN 24 2013
ARKANSAS ETHICS COMMISSION
BY_____

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

1. NAME OF COMMITTEE (IN FULL)	
Friends of Watson Chapel	
ADDRESS #16 Nightingale Cove	2. TYPE OF REPORT ☐ Monthly Report (due 15 days after end of month) ☐ Preelection Report (due 7 days before election)* ☒ Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE Pine Bluff, AR. 71603	*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.
TELEPHONE NUMBER 870-540-7228	

This report covers period: (5 -5-2013) through (6 - 30 - 2013)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0.00	0.00
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0.00	0.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0.00	0.00
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	0.00	0.00

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.

Danny Hazlewood
Signature of Legislative Question Committee Officer

State of Arkansas
} ss
County of Jefferson

Subscribed and sworn before me this 13th day of June, 2013.

Debbie L. Stone
Signature of Notary Public

(Legible Notary Seal)
DEBBIE L. STONE
JEFFERSON COUNTY
No. 12370583
My Commission Expires 4-27-2019
NOTARY PUBLIC - ARKANSAS

My Commission Expires 4-27-2019

Revised 07/07

8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	9. TOTAL LOANS THIS REPORT	

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

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF $50 OR MORE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
	11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE			
	12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			
	13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)			

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
4/2/13	OHS Group, Inc.	1020 West Third St. Little Rock, AR. 72202	500 Campaign Pushcards, 150 Buttons, 1 Poster: $225.48	$225.48
4/4/13	OHS Group, Inc.	1020 West Third St. Little Rock, AR. 72202	2 AT&T Go-Phones and 2 Minute Cards: $79.52	$305.00
4/23/13	OHS Group, Inc.	1020 West Third St. Little Rock, AR. 72202	500 Campaign Pushcards: $153.40	$458.40
5/11/13	OHS Group, Inc.	1020 West Third St. Little Rock, AR. 72202	Campaign Signs: $76.31	$534.71
5/13/13	OHS Group, Inc.	1020 West Third St. Little Rock, AR. 72202	GOTV Robocall: $50	$584.71

15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF $50 OR MORE	$584.71
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS	$50.00
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (Includes totals from lines 15 and 16)	$634.71

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.

18. ITEMIZED EXPENDITURES MADE BY COMMITTEE OF $100 OR MORE

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

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

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			
	20. TOTAL UNITEMIZED EXPENDITURES			
	21. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 19 and 20)			