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)

FILED
JUL 01 2013
ARKANSAS ETHICS COMMISSION
BY_____

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

1. NAME OF COMMITTEE (IN FULL) Skyline Joint Venture, LLC	
ADDRESS P.O. Box 986 120 South Glenwood	**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 Russellville, AR 72811	
TELEPHONE NUMBER [illegible]	

This report covers period: (06-01-13) **through** (06-30-13)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	-0-	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	-0-	-0-
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	-0-	-0-
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	-0-	

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]
Signature of Ballot Question Committee Officer

State of Arkansas
County of Pope } ss

Subscribed and sworn before me this 1st day of July, 2013.

Marisa N. Strong
Notary Public

MARISA N. STRONG
Notary Public
YELL COUNTY, ARKANSAS
My Commission Expires 3-13-2017
Commission # 12359406

(Legible Notary Seal) Signature of Notary Public

My Commission Expires _____

8. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF $100 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
None during this reporting period				

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF $100 OR MORE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor

9. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED	-0-
10. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED	-0-
11. TOTAL MONETARY CONTRIBUTIONS RECEIVED **(to be entered on line #4)**	-0-

12. 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
	None			

13. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS	
14. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS	
15. TOTAL NONMONEY CONTRIBUTIONS	— 0 —

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.

16. 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
None during this reporting period				

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

17. TOTAL ITEMIZED EXPENDITURES	-0-
18. TOTAL UNITEMIZED EXPENDITURES	-0-

19. TOTAL EXPENDITURES (to be entered on line #5)	-0-