

# 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

OCT 18 2012  
*2:00 PM*

ARKANSAS ETHICS  
COMMISSION

BY \_\_\_\_\_

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> <p style="font-size: 1.2em; color: blue;">Promoting Searcy</p>	<b>2. TYPE OF REPORT</b> <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input checked="" type="checkbox"/> Final Report (due 30 days after election)  <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
<b>ADDRESS</b> <p style="font-size: 1.2em; color: blue;">407 West Race Ave.</p>	
<b>CITY, STATE AND ZIP CODE</b> <p style="font-size: 1.2em; color: blue;">Searcy, AR 72143</p>	
<b>TELEPHONE NUMBER</b> <p style="font-size: 1.2em; color: blue;">501-268-1111</p>	

This report covers period: (05 - 14 - 2010) through (10 - 11 - 2012)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	319.11	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	319.11	
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 of Ballot Question Committee Officer

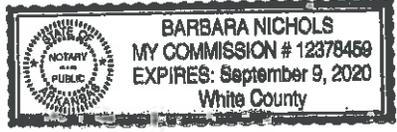
State of Arkansas  
County of White ) ss

Subscribed and sworn before me this 12<sup>th</sup> day of October, 2012

(Legible Notary Seal)

\_\_\_\_\_  
 Signature of Notary Public

My Commission Expires 9-9-2020







**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
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>				
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>				
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b>				
<i>(includes totals from lines 9, 11, and 12)</i>				

**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
<b>15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE</b>				
<b>16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS</b>				
<b>17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 15 and 16)				

**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.



