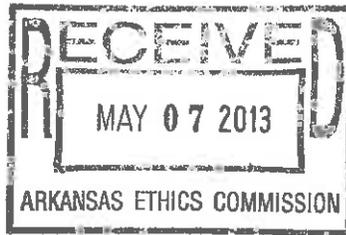


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)

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

1. NAME OF COMMITTEE (IN FULL) "Protect Your Penny" A Project of Citizens for Continued Progress	
ADDRESS P.O. Box 1112	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Pre-election Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE Fort Smith, AR 72902	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER 479-783-6118	

This report covers period: (4-1-2013) through (5-7-2013)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$16,250.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$1,000.00	\$17,250.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$9,782.73	\$10,157.73
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$7,092.27	

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.

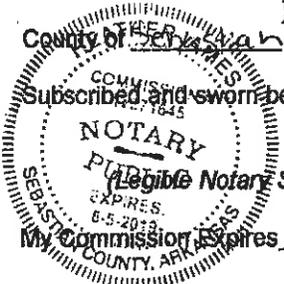
Signature of Ballot Question Committee Officer

State of Arkansas

County of Sebastian } ss

Subscribed and sworn before me this

7 day of May, 2013.



Signature of Notary Public

My Commission Expires 6-5-2019

8. LOAN INFORMATION
Please Type or Print
Do Not List Loans Previously Reported

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

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
15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE				
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (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.

Revised 07/07

