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 06 2011
ARKANSAS ETHICS COMMISSION

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

1. NAME OF COMMITTEE (IN FULL)	
Save Energy Reap Taxes	
ADDRESS	**2. TYPE OF REPORT**
1588 ARK 175	[X] 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	
Hardy, AR 72542	*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.
TELEPHONE NUMBER (870) 966-4940	

This report covers period (6 - 01 - 11) through (6 - 30 - 11)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	$ 1,481.93	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	$ 50.00	$902.97
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	$ 0.00	$ 978.12
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	$ 1,531.93	

7. **(X) 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 Sharp } ss

Subscribed and sworn before me this 6th day of July, 2011.

Linda L. McBroome
Signature of Notary Public

"OFFICIAL SEAL"
LINDA L. McBROOME
Notary Public, State of Arkansas
County of Sharp
My Commission Exp. 8/26/2014

(Legible Notary Seal)

My Commission Expires 8/26/2014

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	-0-

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	$ 0.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS	$ 50.00
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT **(includes totals from lines 9, 11, and 12)**	$ 50.00

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
	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.

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	0
20. TOTAL UNITEMIZED EXPENDITURES	0
21. TOTAL EXPENDITURES THIS REPORT **(includes totals from lines 19 and 20)**	0