

**LEGISLATIVE QUESTION COMMITTEE
FINANCIAL REPORT**

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9800
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) Advocates for Public Transit	
ADDRESS P.O. Box 10202	2. TYPE OF REPORT <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)
CITY, STATE AND ZIP CODE Fayetteville, AR 72703	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER	

This report covers period: (05 - 16 - 2012) through (06 - 20 - 2012)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	1,346.91	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0.00	12,692.11
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	1,118.00	12,463.20
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	228.91	

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 Legislative Question Committee Officer

State of Arkansas)
County of Washington) ss

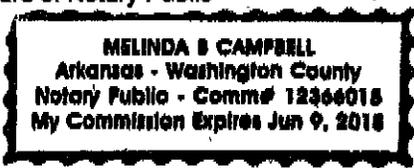
Subscribed and sworn before me this 21 day of June, 2012.

[Signature]
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 6/9/18

Revised 07/07



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	

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			1,118.00	
20. TOTAL UNITEMIZED EXPENDITURES			0.00	
21. TOTAL EXPENDITURES THIS REPORT <small>(Includes totals from lines 19 and 20)</small>			1,118.00	