# LEGISLATIVE 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
AUG 16 2012
ARKANSAS ETHICS COMMISSION
BY_____

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

| 1. NAME OF COMMITTEE (IN FULL) | |
|---|---|
| **Advocates for Public Transit** | |
| ADDRESS<br>**P.O. Box 10202** | 2. TYPE OF REPORT<br>☐ Monthly Report (due 15 days after end of month)<br>☐ Preelection Report (due 7 days before election)*<br>■ Final Report (due 30 days after election) |
| CITY, STATE AND ZIP CODE<br>**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 of Legislative Question Committee Officer

State of Arkansas
} ss
County of Washington

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

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires 6/9/18

MELINDA S CAMPBELL
Arkansas - Washington County
Notary Public - Comm# 12366015
My Commission Expires Jun 9, 2018

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** | |

## 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 |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

## 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 |
|---|---|---|---|---|
| 5/22/12 | Clear Channel | 1100 S D St<br>Fort Smith, AR 72901 | Billboard Ad Space & Bus Ad Space | 4,000.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF $50 OR MORE | | | 4,000.00 |
| | 16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS | | | 25.00 |
| | **17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT** **(includes totals from lines 15 and 16)** | | | 4,025.00 |

**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 |
|---|---|---|---|---|
| 5/17/12 | The Mullikin Agency | 1391 Plaza Place, Ste A<br>Springdale, AR 72764 | 1,118.00 | News Paper Ad |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# 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** (includes totals from lines 19 and 20) | 1,118.00 |