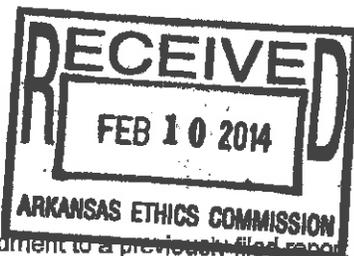


# LEGISLATIVE QUESTION COMMITTEE FINANCIAL REPORT

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)

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

1. NAME OF COMMITTEE (IN FULL) <b>ARKANSAS TERM LIMITS</b>	
ADDRESS <b>P.O. Box 543</b>	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 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>
CITY, STATE AND ZIP CODE <b>MAVFLOWER, AR 72106</b>	
TELEPHONE NUMBER <b>501 529-5075</b>	

This report covers period: ( 1 - 1 - 14 ) through ( 1 - 31 - 14 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	0	

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 Legislative Question Committee Officer

State of Arkansas

County of Pulaski } ss

Subscribed and sworn before me this 10 day of February, 2014.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires 4/1/2022

