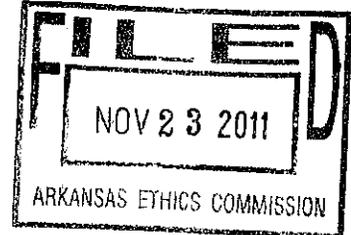


BALLOT QUESTION COMMITTEE (BQC) STATEMENT OF ORGANIZATION

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 is an amendment to a previously filed statement of organization

Section One: BQC Name

Name of BQC (in full): ARKANSAS VOTER APPROVAL COMMITTEE

Section Two: BQC Address & Phone Number

If BQC has no office address, use the address of the BQC officer authorized to receive notices on behalf of the BQC.

Address: P.O. Box 745
City: MAVFLOWER State AR Zip 72106 Telephone Number (501) 529-5075

Section Three: BQC Officers

Provide the name, title, address, and telephone number for each officer of the BQC.

Name: TIM JACOB Title: SPOKESPERSON
Address: 4 Woodstock City: Little Rock State: AR Zip: 72227
Telephone Number: (501) 529-5075

Name: Bob Porto Title: _____
Address: P.O. Box 17381 City: Little Rock State: AR Zip: 72222
Telephone Number: 501-529-0700

Name: SKIP COOK Title: _____
Address: 304 Tuscan Cir City: Moundville State: AR Zip: 72113
Telephone Number: 501-960-3329

Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____

Section Four: Financial Information

Provide the name and address of each financial institution in which the BQC deposits money or anything else of monetary value.

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Financial Institution: _____

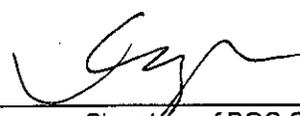
Address: _____ City: _____ State: _____ Zip: _____

Section Five: Brief Statement

Provide a brief statement identifying the substance of each ballot question as to which the BQC will expressly advocate the qualification, passage, or defeat.

AN Amendment to allow voters to vote on all tax increases
at regularly scheduled elections.

11/19/11
Date


Signature of BQC Officer