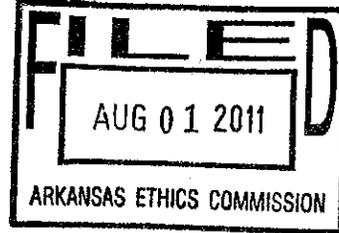


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)



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

1. NAME OF COMMITTEE (IN FULL) <i>Committee for a Fair Severance Tax</i>	2. TYPE OF REPORT <input checked="" 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)
ADDRESS <i>ONE CANTRELL CENTER 2800 CANTRELL RD, SIDE 500</i>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE <i>Little Rock, AR 72202</i>	
TELEPHONE NUMBER <i>(501) 372-4900</i>	

This report covers period: (7 - 1 - 11) through (7 - 31 - 11)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 54,586. ²⁵	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	—	\$ 55,000. ⁰⁰
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	571. ⁹⁴	\$ 985. ⁶⁹
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 54,014. ³¹	

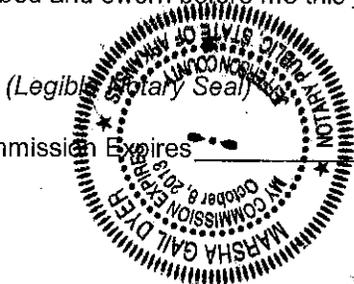
7. () **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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.

Steph D Nelson, Chairman
Signature of Ballot Question Committee Officer

State of Arkansas }
County of *Jefferson* } ss

Subscribed and sworn before me this 15th day of August, 2011.



Marsha Gail Dyer
Signature of Notary Public

My Commission Expires _____

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
			- 0 -	- 0 -
			- 0 -	- 0 -
15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE			- 0 -	
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS			- 0 -	
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (includes totals from lines 15 and 16)			- 0 -	

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.

