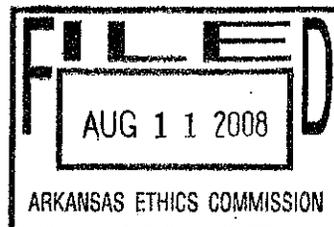


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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 Arkansas Lotteries and Casinos</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>101 South Moose Street</i>	
CITY, STATE AND ZIP CODE <i>Morrilton, Arkansas, 72110</i>	
TELEPHONE NUMBER <i>501-354-2555</i>	

This report covers period: (7 - 1 - 08) through (7 - 31 - 08)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>1,448⁶⁵</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>0</i>	<i>4,000⁰⁰</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>220⁰⁰</i>	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>1,228⁶⁵</i>	

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. *1,228⁶⁵*

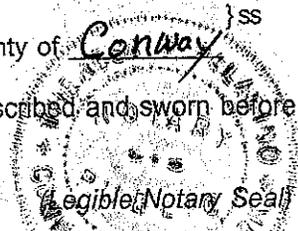
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

Charles L. Ormond
Signature of Ballot Question Committee Officer

State of Arkansas

County of *Conway* } ss

Subscribed and sworn before me this *8TH* day of *August*, 20*08*



Rose A. [Signature]
Signature of Notary Public

My Commission Expires My Commission Expires: Jan. 1, 2013

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$100

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
9. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED				0
10. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED				0
11. TOTAL MONETARY CONTRIBUTIONS RECEIVED (to be entered on line #4)				0

12. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

Estimated Fair Market Value If Over \$100
(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Value of Nonmoney Item	Cumulative Total from this Contributor
13. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS				0
14. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				0
15. TOTAL NONMONEY CONTRIBUTIONS				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.

ITEMIZED EXPENDITURES MADE BY COMMITTEE OVER \$100

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
7-7-08	Aristotle, Net	401 W. Capital, suite 700 L.R. Pl. 72201	220 ⁰⁰	Web site
17. TOTAL ITEMIZED EXPENDITURES				220 ⁰⁰
18. TOTAL UNITEMIZED EXPENDITURES				0
19. TOTAL EXPENDITURES (to be entered on line #5)				220 ⁰⁰