

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: (4 - 1 - 09) through (4 - 30 - 09)

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|---------------------------|--------------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | <i>1,097⁶⁷</i> | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | <i>0</i> | <i>4000⁰⁰</i> |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | <i>0</i> | <i>2902³³</i> |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | <i>1,097⁶⁷</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.

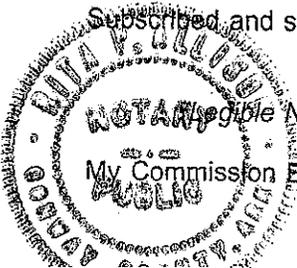
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

Charles L. Ormond
Signature of Ballot Question Committee Officer

State of Arkansas
County of Conway }^{ss}

Subscribed and sworn before me this 6th day of May, 2009

Rita P. Allison
Signature of Notary Public



(Notary Seal)

My Commission Expires

Sept 01, 2012