

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) Marijuana Policy Project Steve Fox, Treasurer	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 236 Massachusetts Ave, NE, Suite 400	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Washington, DC 20002	
TELEPHONE NUMBER	

This report covers period: (8 - 24 - 12) through (9 - 31 - 12)

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 -	\$246,500
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	- 0 -	\$246,500
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	- 0 -	

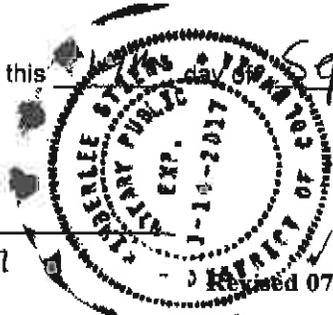
7. **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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.

State of DC Arkansas } ss
 County of DC

Signature of Ballot Question Committee Officer

Subscribed and sworn before me this _____



(Legible Notary Seal)

September, 2012

 Signature of Notary Public

My Commission Expires 1-10-2017