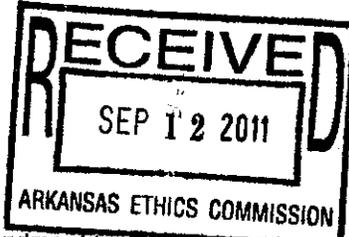


# BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> MPP Arkansas Fund Steve Fox, Treasurer		<b>2. TYPE OF REPORT</b> <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)  <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
<b>ADDRESS</b> 236 Massachusetts Ave., NE, Suite 400		
<b>CITY, STATE AND ZIP CODE</b> Washington, DC 20002		
<b>TELEPHONE NUMBER</b> 202-462-5747		

This report covers period: ( 8 - 1 - 11 ) through ( 8 - 31 - 11 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 1,100	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$ 223	\$ 2,323
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 1,000	\$ 2,000
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 323	

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.

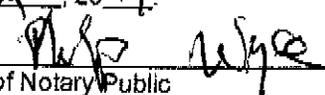
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

  
 Signature of Ballot Question Committee Officer

State of Arkansas  
 DISTRICT OF COLUMBIA  
 County of \_\_\_\_\_

Subscribed and sworn before me this 9th day of SEPTEMBER, 2011.

(Legible Notary Seal)  
 My Commission Expires 04-14-2015

  
 Signature of Notary Public







**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
<b>15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE</b>			- 0 -	
<b>16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS</b>			- 0 -	
<b>17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> (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.



