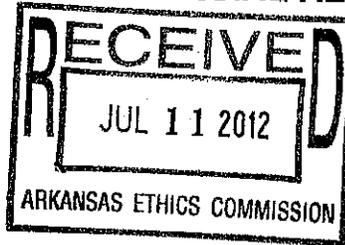


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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) MPP Arkansas Fund 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 202-462-5747 | |

This report covers period: (6 - 1 - 12) through (6 - 30 - 12)

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | \$1,652 | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | \$170 | \$4,826 |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | -0- | \$3,000 |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | \$1,826 | |

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~~
 County of DC) ss

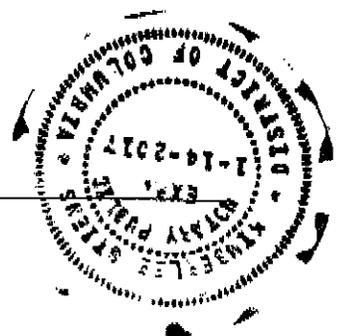
Signature of Ballot Question Committee Officer

Subscribed and sworn before me this 10 day of July, 2012.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires 1/14/2017



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 |
|---|---------------------|-------------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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.

