

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 type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input checked="" type="checkbox"/> Final Report (due 30 days after election) |
| ADDRESS 236 Massachusetts Ave., NE, Ste. 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: (10 - 28 - 12) through (12 - 4 - 12)

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | \$171 | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | \$150 | \$5,571 |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | \$321 | \$5,571 |
| 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.

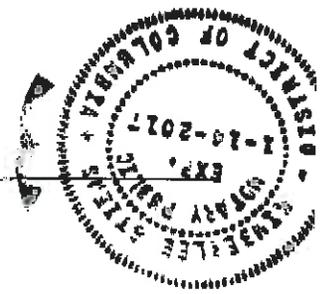
State of DC
 County of DC } ss

Signature of Ballot Question Committee Officer

Subscribed and sworn before me this 4th day of December, 2012

(Legible Notary Seal)

Signature of Notary Public



My Commission Expires **KIMBERLEE STIENS**
 Notary Public - District of Columbia
 My Commission Expires January 14, 2017

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF \$50 OR MORE

Please Type or Print

| Date of Receipt | Name of Contributor | Street Address of Contributor | Amount of Contribution | Cumulative Total from this Contributor |
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| 11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE | | | - 0 - | |
| 12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS | | | \$150 | |
| 13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT <small>(includes totals from lines 9, 11, and 12)</small> | | | \$150 | |

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

