

### 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)

# FILED

JUN 16 2016

ARKANSAS ETHICS  
COMMISSION

Check if this report is an amendment to a previously filed report

BY \_\_\_\_\_

1. NAME OF COMMITTEE (IN FULL) <i>Restore Term Limits</i>	
ADDRESS <i>P.O. Box 38</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) <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
CITY, STATE AND ZIP CODE <i>Mayflower AR 72106</i>	
TELEPHONE NUMBER	

This report covers period: (05-01-16) through (05-31-16)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 20,382.96	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$ 45,270.00	\$ 82,587.58
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 35,006.99	\$ 51,940.02
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 30,646.96	

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.

TIFFANY N. POTTER  
 PULASKI COUNTY  
 NOTARY PUBLIC -- ARKANSAS  
 My Commission Expires November 6, 2024  
 Commission No. 12402064

Signature of Ballot Question Committee Officer

State of Arkansas

County of *Pulaski*

Subscribed and sworn before me this *11th* day of *June*, 2016

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires *November 6, 2024*





**ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE**  
Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>					\$45,250. <sup>00</sup>
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					\$20. <sup>00</sup>
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (Includes totals from lines 9, 11, and 12)					\$45,270. <sup>00</sup>





