

# LEGISLATIVE 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

OCT 21 2014

ARKANSAS ETHICS  
COMMISSION

BY TE

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> <p style="font-size: 1.2em; color: blue;">U.S. Term Limits</p>	<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> <p style="font-size: 1.2em; color: blue;">2875 S. Ocean Blvd Suite 200</p>	<b>CITY, STATE AND ZIP CODE</b> <p style="font-size: 1.2em; color: blue;">Palm Beach, FL 33480</p>
<b>TELEPHONE NUMBER</b> <p style="font-size: 1.2em; color: blue;">561-578-8636</p>	

This report covers period: ( 9 - 1 - 14 ) through ( 9 - 30 - 14 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$710,000.00	\$710,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$404,010.00	\$404,010.00
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$305,990.00	

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 Legislative Question Committee Officer

State of ~~Arkansas~~ Florida  
 County of Palm Beach } ss

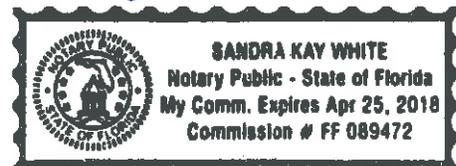
Subscribed and sworn before me this 21 day of October, 2014

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires 4-25-2018

Revised 12/2013







**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>					6410,000.00
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)					6410,000.00

**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**  
 (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 NONMONEY CONTRIBUTIONS THIS REPORT</b>			∅	

**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.



**ITEMIZED EXPENDITURES OF \$100 OR MORE MADE BY COMMITTEE  
OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC  
RELATIONS FIRM, OR POLITICAL CONSULTANT**

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
<b>17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>			<u>\$904,010.20</u>	
<b>18. TOTAL UNITEMIZED EXPENDITURES</b>			<u>                    </u>	
<b>19. TOTAL EXPENDITURES THIS REPORT</b> (Includes totals from lines 17 and 18)			<u>\$904,010.00</u>	

