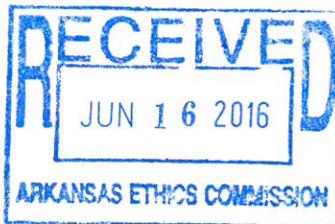


### BALLOT QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9800  
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) <i>U.S. Term Limits</i>		2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Pre-election Report (due 7 days before election) <input type="checkbox"/> Final Report (due 30 days after election) <small>*NOTE: Pre-election report must be received by the Ethics Commission on or before due date.</small>
ADDRESS <i>3270 Suntree Blvd. Suite 201</i>		
CITY, STATE AND ZIP CODE <i>Melbourne FL 32940</i>		
TELEPHONE NUMBER <i>(202) 261-3532</i>		

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	0	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$40,000.00	\$40,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$40,000.00	\$40,000.00
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 *Pennsylvania*  
~~Arkansas~~

County of *Philadelphia*  
~~Philadelphia~~

Subscribed and sworn before me this *16<sup>th</sup>* day of *June*, 20*16*

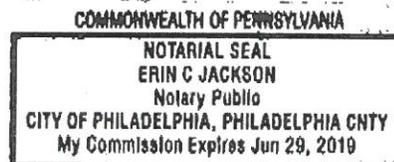
(Legible Notary Seal)

My Commission Expires *06/29/2019*

*Nicole Farnsworth*  
Signature of Ballot Question Committee Officer

*Erin C. Jackson*  
Signature of Notary Public

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>					\$470,000.00
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> <i>(Includes totals from lines 9, 11, and 12)</i>					\$470,000.00





