# 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)

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

| 1. NAME OF COMMITTEE (IN FULL) | |
|---|---|
| ADDRESS | 2. TYPE OF REPORT<br>☐ Monthly Report (due 15 days after end of month)<br>☐ Preelection Report (due 7 days before election)*<br>☐ Final Report (due 30 days after election) |
| CITY, STATE AND ZIP CODE | *NOTE: Preelection report must be *received* by the Ethics Commission on or before due date. |
| TELEPHONE NUMBER | |

**This report covers period: ( - - ) through ( - - )**

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|---|---|---|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | | |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | | |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | | |

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
} ss
County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

*(Legible Notary Seal)*

Signature of Notary Public

My Commission Expires_____

**Revised 12/2013**

## 8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

| Date | Name and Address of Lender | Amount |
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| | **9. TOTAL LOANS THIS REPORT** | |

## 10. ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print
Use Additional Copies of this Page if Necessary

| Date of Receipt | Name of Contributor | Street Address of Contributor | Place of Business Employer/Occupation | Amount of Contribution | Cumulative Total from this Contributor |
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## 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 |
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| | 11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE | | | | |
| | 12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS | | | | |
| | **13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT** **(includes totals from lines 9, 11, and 12)** | | | | |

## 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 |
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| **15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT** | | | | |

**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.

## 16. 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

Use Additional Copies of this Page if Necessary

| Date | Name of Person to Whom Expenditure was Made | Street Address | Amount of Expenditure | Purpose of Expenditure |
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## 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 |
|---|---|---|---|---|
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## 20. EXPENDITURES BY CATEGORY

Please Type or Print

| CATEGORY | TOTAL AMOUNT |
|---|---|
| Advertising | |
| Direct Mail | |
| Office Supplies | |
| Travel | |
| Telephone | |
| Other Expenses (list) | |
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