BALLOT QUESTION COMMITTEE ("BQC") FINANCIAL REPORT OF PERSON MEETING THE DEFINITION OF BQC SET FORTH IN § 7-9-402(2)(A)

(Arkansas Ethics Commission File Stamp) To be filed with: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 MAY 0 7 2024 Fax (501) 324-9606 Check if this report is an amendment to a previously filed report ARKANSAS ETHICS 1. NAME OF COMMITTEE (IN FULL)
Arkansa Committee For Ethics Policy
(ACEP) 2. TYPE OF REPORT **ADDRESS** Monthly Report (due 15 days after end of month) Preelection Report (due 7 days before election)* 35209 Sample Rome Final Report (due 30 days after election) *NOTE: Preelection report must be received by the Ethics Commission on or before due date. This report covers period: (4 - 1 - 24) through (4 - 30 - 24)CUMULATIVE FOR REPORTING SUMMARY TOTALS PERIOD 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD 50.00 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD Check if you have not received or made any contributions during this reporting period. 7. () NO ACTIVITY 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 Ballot Question Committee Officer State of Arkansas County of Pulaski Subscribed and sworn before me this STATE OF Signature of Notary Public ARKANSAS (Legible Notary Seal) OTARY PUBLIC #12/100200 mission Expires

qualification, disqualification, passage, or defeat of any ballot question.

Revised 12/2017

Ark. Code wines 7-9-402(2)(A) provides as follows: "ballot question committee" means any person, located within or outside Arkansas, that receives completely stored the purpose of expressly advocating the qualification, disqualification, passage, or defeat of any ballot question, or any person, other than an received according to the purpose of expressly advocating the distribution of the distribution of the distributi

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	Ø

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
3115/24	DONALD RUFTIN MUSSION ACCT	7365 Hoy 152 De Witt, AR 72042 16198 Vaughard Decator, AR 72722	Pastor	# 75000	# 250 002 # 1000 002
3/25/24	MASON VALLEY BAFT. CHERCH	16198 Vaughin Rd Decather, AR 72722	Church	\$ (000 00	#/000 20
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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				# 1250.00
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	13. TOTAL MONE	TARY CONTRIBUTION om lines 9, 11, and 12)	S THIS REPORT		# 1250,00

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
			•	
5. TOTAL N	NONMONEY CONTRIBUTI	ONS THIS REPORT	Ø	

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	ional Copies of this Page if N 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 Amount of Name of Person to Whom Street Address Purpose of Date Expenditure Expenditure Expenditure was Made 17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE 18. TOTAL UNITEMIZED EXPENDITURES 19. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 17 and 18)

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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21. TOTAL EXPENDITURES BY CATEGORY	Ø
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