

# 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

DEC 09 2010

ARKANSAS ETHICS  
COMMISSION

BY \_\_\_\_\_

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

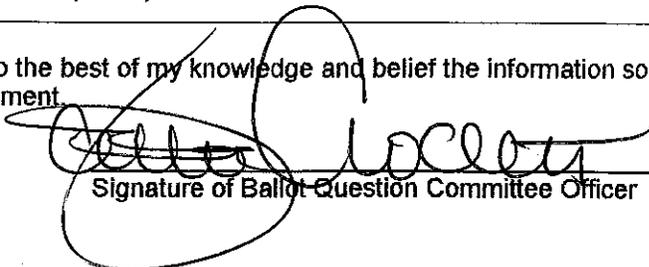
<b>1. NAME OF COMMITTEE (IN FULL)</b> <b>Citizens for the Future of Boone County</b>	<b>2. TYPE OF REPORT</b> <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
<b>ADDRESS</b> <b>P O Box 1093</b>	*NOTE: Preelection report must be <i>received</i> by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> <b>Harrison, AR 72601</b>	
<b>TELEPHONE NUMBER</b> <b>870-391-6680</b>	

**This report covers period: (11-01-2010) through (11-30-2010)**

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$1399.25	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$0	\$93572.18
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$1109.96	\$93282.89
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$289.29	

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 Ballot Question Committee Officer

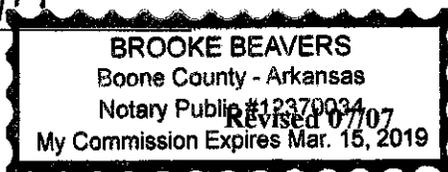
State of Arkansas )  
County of Boone ) ss

Subscribed and sworn before me this 9<sup>th</sup> day of December, 2010.

  
 Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 3/15/19







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

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>			0	
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>			0	
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)			0	

**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**

Estimated Fair Market Value If Over \$50  
 (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 ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE</b>			0	
<b>16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS</b>			0	
<b>17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 15 and 16)			0	

**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 MADE BY COMMITTEE OF \$100 OR MORE**  
Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
<b>19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>			<b>\$1109.96</b>	
<b>20. TOTAL UNITEMIZED EXPENDITURES</b>				
<b>21. TOTAL EXPENDITURES THIS REPORT</b> <small>(includes totals from lines 19 and 20)</small>			<b>\$1109.96</b>	