

# 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

SEP 15 2012

ARKANSAS ETHICS  
COMMISSION

BY \_\_\_\_\_

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> Fort Smith Citizens FOR Automated Trash Collection	
<b>ADDRESS</b> P.O. Box 1062	<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)
<b>CITY, STATE AND ZIP CODE</b> Fort Smith, AR 72902	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>TELEPHONE NUMBER</b> (479) 783-7207	

This report covers period: ( 08 - 01 -2012) through ( 08 - 31 -2012)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	736.80	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	11720.00	13475.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	7667.13	8685.33
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	4789.67	

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 Sebastian ) ss

Subscribed and sworn before me this 15<sup>th</sup> day of Sept., 2012.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires March 1, 2020

Revised 07/07









**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>				
<b>16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS</b>				
<b>17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 15 and 16)				

**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>			7387.40	
<b>20. TOTAL UNITEMIZED EXPENDITURES</b>			279.73	
<b>21. TOTAL EXPENDITURES THIS REPORT</b> (Includes totals from lines 19 and 20)			7667.13	