Legislative ~~BALLOT~~ QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:
Stamp)
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606

(Arkansas Ethics Commission File

RECEIVED
OCT 31 2011
ARKANSAS ETHICS COMMISSION

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

1. NAME OF COMMITTEE (IN FULL)
Citizens for Fair Taxation

ADDRESS
4620 Rogers Ave.

CITY, STATE AND ZIP CODE
Fort Smith, AR 72903

TELEPHONE NUMBER
479-414-1202

2. TYPE OF REPORT
☒ Monthly Report (due 15 days after end of month)
☐ Preelection Report (due 7 days before election)*
☐ 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: (8 - 1 - 11) through (8 - 31 - 11)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	1146.35	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	450.00	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	-0-	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	1596.35	

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

JOELLE STEPHENS
SEBASTIAN COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires September 11, 2016
Commission No. 12350395

State of Arkansas
County of Sebastian } ss

Subscribed and sworn before me this 31 day of October 2011.

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 9-11-16

Revised 07/07

8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

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

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
8/8/11	Geno's Pizza	7906 Rogers Ave. Fort Smith, AR 72903	450.00	450.00

11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE	450.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS	
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)	450.00

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

Revised 07/07

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

19. TOTAL ITEMIZED EXPENDITURES OF $100 OR MORE _____

20. TOTAL UNITEMIZED EXPENDITURES _____

21. TOTAL EXPENDITURES THIS REPORT
(includes totals from lines 19 and 20) _____ 0

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
15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF $50 OR MORE				
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (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.