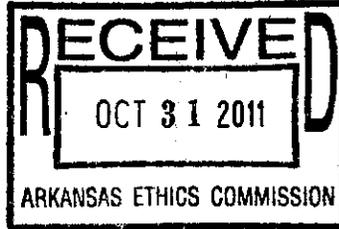


Legislative
~~BALLOT~~ QUESTION COMMITTEE
FINANCIAL REPORT

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



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

1. NAME OF COMMITTEE (IN FULL) <i>Citizens for Fair Taxation</i>	
ADDRESS <i>4620 Rogers Ave</i>	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE <i>Fort Smith, AR 72903</i>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER <i>479-414-202</i>	

This report covers period: (10 - 1 - 11) through (10 - 31 - 11)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>96.35</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>1000.00</i>	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>1096.35</i>	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>0</i>	

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.

State of Arkansas)
County of *Sebastian*) ss.

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

[Signature]
Signature of Ballot Question Committee Officer

Subscribed and sworn before me this *31* day of *October*, 20*11*.

(Legible Notary Seal)

[Signature]
Signature of Notary Public

My Commission Expires *9-11-16*

**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.