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
OCT 19 2011
ARKANSAS ETHICS COMMISSION

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

1. NAME OF COMMITTEE (IN FULL)	
Forward Fort Smith	
ADDRESS P.O. Box 1112	2. TYPE OF REPORT X Monthly Report (due 15 days after end of month) ☐ Preelection Report (due 7 days before election)* ☐ Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE Fort Smith, AR 72902	*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.
TELEPHONE NUMBER 479-782-3111	

This report covers period: (9-1-11) through (9-30-11)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	9100.00	9100.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	36.30	36.30
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	9063.70	

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 14th day of October, 2011

Michael E. Morton
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires: 4/25/2016

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	

10. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF $50 OR MORE

Please Type or Print
Use Additional Copies of this Page if Necessary

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
9/7/11	Belle Point Beverages	One Belle Point Place Fort Smith, AR 72901	1000.00	1000.00
9/8/11	Weldon, Williams & Lick	PO Box 168 Fort Smith, AR 72902	1000.00	1000.00
9/13/11	Dwight Curry	4300 S Q St Fort Smith, AR 72903	1000.00	1000.00
9/14/11	Davis Iron & Metal	2610 Wheeler Avenue Fort Smith, AR 72913	1000.00	1000.00
9/16/11	Mickle-Wagner-Coleman	PO Box 1507 Fort Smith, AR 72902	500.00	500.00
9/16/11	Arvest	PO Box 799 Lowell, AR 72745	1000.00	1000.00
9/20/11	John Q. Hammons	4243 Hunt Rd Cincinnati, OH 45242	500.00	500.00
9/20/11	First National Bank	PO Box 7 Fort Smith, AR 72902	1000.00	1000.00
9/27/11	OG&E		1000.00	1000.00
9/27/11	Chester Koprovic	PO Box 453 Fort Smith, AR 72902	100.00	100.00

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

11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE	9100.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS	0.00
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT **(includes totals from lines 9, 11, and 12)**	**9100.00**

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
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.

18. ITEMIZED EXPENDITURES MADE BY COMMITTEE OF $100 OR MORE

Please Type or Print

Use Additional Copies of this Page if Necessary

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

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	0.00
20. TOTAL UNITEMIZED EXPENDITURES	36.30
21. TOTAL EXPENDITURES THIS REPORT **(includes totals from lines 19 and 20)**	36.30